



APPLICATION FOR DISABLED PERSON PLACARD OR PLATES

(NOTE: For lost, stolen, or mutilated disabled person or disabled veteran license plates or placard, please complete an Application For Replacement Plates, Stickers, and Documents (form REG 156 available on DMV Web)).

Please check at least one of the following boxes:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Permanent Parking Placard No Fee
<input type="checkbox"/> Temporary Parking Placard \$6 | <input checked="" type="checkbox"/> Disabled Person License Plates No Fee
<input type="checkbox"/> Travel Parking Placard No Fee |
|--|---|

Travel Parking Placards are issued to applicants with permanent disabilities. A California resident, applying for a Travel Parking Placard, must have a permanent parking placard or disabled person or disabled veteran license plates, but not both. Travel Parking Placards are issued to non-residents for no more than 90 days and to California residents for no more than 30 days.

All applicants must complete sections A, B and E. Disabled Person License Plate applicants must also complete section C.

A. APPLICANT'S TRUE FULL NAME (PLEASE PRINT)

LAST NAME FIRST NAME MIDDLE NAME OR ORGANIZATION NAME <u>Stringer Jimmie</u>	DATE OF BIRTH (NOT REQUIRED FOR ORGANIZATIONS) Month Day Year _____
RESIDENCE OR ORGANIZATION ADDRESS APT/SPACE <u>_____</u>	DRIVER LICENSE/ID NUMBER (NOT REQUIRED FOR ORGANIZATIONS) _____
CITY STATE ZIP CODE <u>Oakland</u> <u>Ca</u> <u>94604</u>	DAYTIME TELEPHONE NUMBER <u>(510) 365-2273</u>
MAILING ADDRESS APT/SPACE CITY STATE ZIP CODE <u>P.O. Box 1421</u> _____ <u>Oakland</u> <u>Ca</u> <u>94604</u>	

B. Were you ever issued Disabled Person or Disabled Veteran License Plates or a Permanent Parking Placard in California?

- ☐ YES - A doctor's disability certification is NOT required, unless the placard was canceled by the department or is no longer on record. The disabled person or veteran license plates or permanent placard number is 675489.
- ☐ NO - A doctor's certification is required. The doctor must complete sections F and G on the reverse side.

C. IF YOU ARE APPLYING FOR DISABLED PERSON LICENSE PLATES, please describe the vehicle that is registered to you on which you will put the disabled person license plates.

LICENSE PLATE NUMBER <u>5WEH527</u>	VEHICLE IDENTIFICATION NUMBER <u>5H4CC2559ACD19350</u>	MAKE <u>Acura Vigor 92</u>
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COMMERCIAL VEHICLE EXEMPTION

When requesting an exemption from weight fees for the vehicle described above, it weighs less than 8,001 pounds unladen and is the only commercial vehicle for which I have requested this exemption. ☒ Yes ☐ No

D. IMPORTANT INFORMATION PLEASE READ

IT IS ILLEGAL

- | | |
|---|--|
| <ul style="list-style-type: none"> • To allow someone to use your placard, if you are not in the vehicle. • For an individual to have more than one permanent placard. • To provide false information to obtain a placard or disabled person plates. | <ul style="list-style-type: none"> • To possess or display a counterfeit placard. • To alter a placard or placard identification card. • To forge a doctor's signature. |
|---|--|

IMPORTANT

- The only legal use of a placard is its display by the person to whom it is issued. The disabled person does not have to own or drive the vehicle to use the placard.
- Placard abuse or misuse can result in the **cancellation** and **revocation** of the placard and loss of the privileges it provides.
- Placard and disabled person license plate abuse is a misdemeanor punishable by a fine of not less than \$250, not more than \$1,000, or by imprisonment in a county jail for not more than 6 months, or by both fine and imprisonment. The court may also impose a civil penalty of not more than \$1,500, for each conviction.
- To alter, forge, counterfeit or falsify a plate is a felony punishable by 16 months to 3 years in a state prison or up to 1 year in the county jail.
- A person who forges, counterfeits, falsifies or passes, attempts to pass, acquires, possesses, sells, or attempts to sell a genuine or counterfeit placard, or a person who displays with fraudulent intent, or causes or permits to be displayed a forged, counterfeit or false placard is guilty of a misdemeanor and upon conviction shall be punished by imprisonment in the county jail for 6 months or by a fine of not less than \$500 or more than \$1,000, or by both fine and imprisonment. The court may also impose a civil penalty of not more than \$3,500 for each conviction.
- The plate and/or placard must be surrendered to DMV within 60 days of the death of the disabled person.
- Any information contained in this application will be available to local public law enforcement or the local agencies responsible for the enforcement of parking regulations.

E. APPLICANT'S SIGNATURE AND CERTIFICATION

- ☒ I have read the "Important Information" in section D and I fully understand and take responsibility for the use of the disabled person placard or plates that are issued to me.

I certify under penalty of perjury under the laws of the State of California that all the information I have provided is true and correct and that I am a disabled person per CVC 295.5 (as defined in section F) and that I am

☒ Permanently or ☐ Temporarily disabled due to: Total Disability

EXECUTED AT (CITY, STATE) <u>Oakland Ca.</u>	DATE <u>1-29-07</u>	SIGNATURE OF APPLICANT <u>[Signature]</u>
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APPLICATION FOR DISABLED PERSON PLACARD OR PLATES

disabled veteran license plates or placard, please complete an Application For
156 available on DMV Web]].

- ☒ Disabled Person License Plates No Fee
☐ Travel Parking Placard No Fee

ermanent disabilities. A California resident, applying for a Travel Parking
disabled person or disabled veteran license plates, but not both. Travel Parking
days and to California residents for no more than 30 days.

ed Person License Plate applicants must also complete section C.

APPLICATION NAME		DATE OF BIRTH (NOT REQUIRED FOR ORGANIZATIONS)	
		Month	Day
		Year	
DRIVER LICENSE/D NUMBER (NOT REQUIRED FOR ORGANIZATIONS)		511E-H527	
E ZIP CODE		DAYTIME TELEPHONE NUMBER	
94604		(510) 365-2273	
SPACE	CITY	STATE	ZIP CODE
	Oakland	Ca.	94604

g Veteran License Plates or a Permanent Parking Placard in California

red, unless the placard was canceled by the department or is no longer on
is or permanent placard number is 675489

must complete sections F and G on the reverse side.

LICENSE PLATES: Please describe the vehicle that is registered to you on

NUMBER	MAKE
59ACD19350	Acura Vigor 92

ICIAL VEHICLE EXEMPTION:

ehicle described above. It weighs less than 8,001 pounds unladen and is the
exemption. ☒ Yes ☐ No

INFORMATION - PLEASE READ:

- | | |
|---------------------|--|
| I the vehicle. | • To possess or display a counterfeit placard. |
| acard. | • To alter a placard or placard identification card. |
| bled person plates. | • To forge a doctor's signature. |

on to whom it is issued. The disabled person does not have to own or drive the

h and revocation of the placard and loss of the privileges it provides.

isdemeanor punishable by a fine of not less than \$250, not more than \$1,000,
months, or by both fine and imprisonment. The court may also impose a civil

unishable by 16 months to 3 years in a state prison or up to 1 year in the county

attempts to pass, acquires, possesses, sells, or attempts to sell a genuine or
tulent intent, or causes or permits to be displayed a forged, counterfeit or false
shall be punished by imprisonment in the county jail for 6 months or by a fine

fine and imprisonment. The court may also impose a civil penalty of not more

of not less than \$500 or more than \$1,000, or by both fine and imprisonment.

- The plate and/or placard must be surrendered to DMV within 60 days of the death of the disabled person.
- Any information contained in this application will be available to local public law enforcement or the local agencies responsible for the enforcement of parking regulations.

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☒ Permanently or ☐ Temporarily disabled due to: Total Disability

EXECUTED AT (CITY, STATE)

DATE

SIGNATURE OF APPLICANT

2/21/07

2-21-07

Signature of Applicant

James Strayer

James Strayer
Complete

OR I'll do

P neuro sees pt
indicated
Pt advise pt.

White
2/8/07

REMOVE FROM MIRROR BEFORE DRIVING VEHICLE

CALIFORNIA



**TEMPORARY
DISABLED PERSON
PARKING PLACARD**

"WARNING: The illegal use of a disabled parking placard
could result in a maximum fine of \$3,500."

JAN

FEB

MAR

APR

MAY

JUN

JUL

AUG

SEP

OCT

NOV

DEC



1 675489

PURCHASE OF FUEL (Business & Professions Code 13660)

State law requires service stations to refuel a disabled
person's vehicle at self-service rates, except at service
facilities with only one employee.

2004


2005

2006


2007

2008

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TEMPORARY OPERATING PERMIT



☐ AUTO ☐ COML ☐ PARK CH TRLR ☐ PTI ☐ M/C ☐ VESSEL

THIS PERMIT EXPIRES ON THE LAST DAY OF MONTH INDICATED BY THE BOLD WHITE NUMBER.

MAKE	EXPIRATION YEAR	LICENSE PLATE NO. OR FILE NO.
VEHICLE NO.	ENGINE ID. (PRINTED NUMBER)	AMOUNT

Fees to register this vehicle or vessel have been paid to the State of California, Department of Motor Vehicles. This Permit must be supported by either:
 1. A Department receipt. The receipt number and the receipt number shown on this permit must agree.
 OR
 2. A letter issued by the Department confirming the issuance of this Permit.

407-409-7070 (M-F, 9-5)
504

Exhibit C
Part-1,2,3,4

Ex

Exhibit

REPORT-ID: PTS650-A
RUN-DATE : 01/23/2008
RUN-TIME : 10:31 \$IMC

CITY OF OAKLAND-PARKING
MULTIPLE TICKET LIST

LICENSE 5WEH527 CA A AUTOMOBILE VIN NO: JH4CC2559NC019350 DMV: 92 ACUR 4D EXP:08/14/2007

TICKET NO	DATE	ISSUED	TIME	OFFCR	VIOLATION(S)	LOCATION	MAKE	TYPE	COLOR	CD	DESC	STATUS	DATE	AMOUNT
00153018693	01/16/2007	12:48	10		10.28.240	2341 VALLEY ST	ACUR	4DR	WHT	44	DSMD	02/26/2007		.00
00828573174	01/18/2007	09:41	18		10.28.240	3732 ALLENDALE AVE	ACUR	4D	WHT	33	LNRM	08/07/2007		162.00
00154902545	02/06/2007	12:34	12		10.28.240	620 14TH ST	ACUR	4DR	WHT	32	LNFL	11/20/2007		162.00
00828890205	02/21/2007	11:57	346		10.36.050	1404 MLK	ACUR	4D	WHT	32	LNFL	11/14/2007		118.00
00828024813	02/23/2007	11:11	345		10.36.050	1413 MLK JR WAY	ACUR	4D	WHT	32	LNFL	11/13/2007		118.00
00828948978	02/24/2007	14:01	256PC		10.36.050	610 14TH ST	ACUR	4D	WHT	32	LNFL	11/14/2007		118.00
00828976093	02/27/2007	09:53	328PC		10.36.050	1402 MARTIN LUTHER K	ACUR	4D	WHT	32	LNFL	12/10/2007		118.00
00153335232	03/02/2007	09:47	328		10.36.050	MARTIN LUTHER KING JR WY	ACUR	4DR	WHT	32	LNFL	11/16/2007		118.00
00153335294	03/03/2007	10:43	328		10.36.050	MARTIN LUTHER KING JR WY	ACUR	4DR	WHT	32	LNFL	11/16/2007		118.00
00153335347	03/03/2007	16:56	328		10.36.050	1401 MARTIN LUTHER KING J	ACUR	4DR	WHT	32	LNFL	11/16/2007		118.00
00828204256	03/06/2007	16:00	329PC		10.36.050	1416 MLK JR WAY	ACUR	4D	WHT	32	LNFL	11/13/2007		118.00
00828933908	03/08/2007	09:20	170		10.36.050	1404 MLKJRWAY	ACUR	4D	WHT	32	LNFL	12/07/2007		118.00
00828933919	03/08/2007	12:35	170		10.28.190	1404 MLKJRWAY	ACUR	4D	WHT	32	LNFL	12/07/2007		135.00
00828934030	03/09/2007	08:07	170		10.36.050	1404 MLK JR WAY	ACUR	4D	WHT	32	LNFL	12/07/2007		118.00
00828934546	03/14/2007	08:43	170		10.36.050	1411 MLKJRWAY	ACUR	4D	WHT	32	LNFL	12/07/2007		118.00
00829207511	03/16/2007	10:23	170		10.36.050	1411 MLKSRWAY	ACUR	4D	WHT	32	LNFL	11/12/2007		118.00
00829207522	03/16/2007	10:25	170		10.28.190	1411 MLKJRWAY	ACUR	4D	WHT	32	LNFL	11/12/2007		135.00

TOTAL TKTS/DUE: 17 2,010.00

OWNER'S NAME: 5WEH527

00150923817	03/23/2007	14:40	328		10.36.050	MARTIN LUTHER KING JR WY	ACUR	4DR	WHT	50	LINV	05/08/2007		35.00
00153929325	03/26/2007	09:14	323		10.36.050	MARTIN LUTHER KING JR WY	ACUR	2DR	WHT	50	LINV	03/29/2007		35.00
00153929359	03/26/2007	14:25	323		10.36.060	MARTIN LUTHER KING JR WY	ACUR	2DR	WHT	50	LINV	03/29/2007		35.00
00150624881	03/27/2007	14:19	325		10.28.190	154 10TH ST	ACUR	4DR	WHT	50	LINV	04/02/2007		40.00
00829313584	04/05/2007	10:36	170		10.36.050	1410 MLKJRWAY	ACUR	4D	WHT	50	LINV	05/03/2007		35.00

TOTAL TKTS/DUE: 5 180.00

CITY OF OAKLAND-PARKING
MULTIPLE TICKET LIST

PAGE 1
AS OF: 01/23/2008

REPORT-ID: PTS650-A
RUN-DATE : 01/23/2008
RUN-TIME : 10:30 \$IMC

LICENSE	ARS701	GA A AUTOMOBILE	VIN NO: 9350	DMV:	MAKE	TYPE	COLOR	CD DESC	STATUS	DATE	AMOUNT DUE
TICKET NO	*-----	ISSUED	DATE	TIME	OFFCR	VIOLATION(S)	LOCATION	*-----*			
OWNER'S NAME: ARS701											
00154326372	05/02/2006	14:09	308			10.40.020	2000 SAN PABLO AV	40 PAID	05/19/2006		.00
00150617160	06/05/2006	04:08	21			10.28.240	722 WASHINGTON ST	40 PAID	06/09/2006		.00
TOTAL TKTS/DUE:										2	.00
OWNER'S NAME: STRINGER JIMMIE											
00152715943	08/18/2006	16:36	313			10.40.070	1517 MARTIN LUTHER KING J	28 LNBL	11/13/2006		169.00
00828185039	10/31/2006	04:28	48			5204	5800 INTERNATIONAL	28 LNBL	05/17/2007		198.00
00828185040	10/31/2006	04:28	48			10.28.240	5800 INTERNATIONAL	28 LNBL	05/17/2007		162.00
TOTAL TKTS/DUE:										3	529.00

IMPORTANT:
OBTAIN THIS PHOTO RECEIPT UNTIL ALL DL/ID
APPLICATION REQUIREMENTS ARE COMPLETED

NOT A LICENSE OR PERMIT

DL/ID: 08388827
OFFICE ID: 504
Photo Date/Seq #: 11062006 5325
Type: 0
Receipt Date: 11062006 1248



JIMMIE TARUS STRINGER

NOT A VERIFIED IDENTIFICATION

Vehicle License		Exp	State	VIN (4 digits)	Make	Model	Color	No. JC 207863
344CC 2551111111		1/15	11	1380	Accura	V16.0	WHT	
Date/Day		Time (24 hour)	Location					
02/28		11:55	A-101					
DID UNLAWFULLY VIOLATE PERALTA C. C. D. PARKING REGULATIONS AND/OR CALIFORNIA VEHICLE CODE SECTION:								
<input type="checkbox"/> 21113(a) CVC - \$20 Parked in Student Area Without Valid Permit Displayed	<input type="checkbox"/> 22500(b) CVC - \$20 Stopping, Standing, Parking Crosswalk	<input type="checkbox"/> 22514 CVC - \$20 Stopping, Standing, Parking Within 15 Feet of Fire Hydrant - No Driver in Vehicle	<input type="checkbox"/> 22515(a) CVC - \$25 Unauthorized Vehicle (Motor Running/Brake Not Set)	<input type="checkbox"/> 22500.1 CVC - \$20 Stopping, Standing, Parking Fire Lane (Red Zone)	<input type="checkbox"/> 22507.8 (A) CVC - \$275 Parked in Disabled Space Without Valid Permit (Required)	<input type="checkbox"/> 22507.8 (B) CVC - \$275 Obstructing/Blocking Disabled Parking Space	<input type="checkbox"/> 22507.8 (C) CVC - \$275 1. Parking on Bounded Lines of Disabled Stall 2. Parking in Disabled	<input type="checkbox"/> 21113(a) CVC - \$20 Parked in Restricted Area Without Required Permit Displayed
<input type="checkbox"/> 21113(a) CVC - \$20 Parked in 2 Stalls	<input type="checkbox"/> 21113(a) CVC - \$20 Parked in Excess of Posted Time Limit <input type="checkbox"/> 15 min <input type="checkbox"/> 30 min	<input type="checkbox"/> 21113(a) CVC - \$20 Parking Permit Improperly Displayed	<input type="checkbox"/> 22507.8 (A) CVC - \$275 Parked in Disabled Space Without Valid Permit (Required)	<input type="checkbox"/> 22507.8 (B) CVC - \$275 Obstructing/Blocking Disabled Parking Space	<input type="checkbox"/> 22507.8 (C) CVC - \$275 1. Parking on Bounded Lines of Disabled Stall 2. Parking in Disabled	<input type="checkbox"/> 21113(a) CVC - \$20 Parked in Restricted Area Without Required Permit Displayed	<input type="checkbox"/> 21113(a) CVC - \$20 Parked in 2 Stalls	
PAYMENT OF PENALTY MAY BE MADE BY MAIL Penalty for Violation is indicated Above ENCLOSE PAYMENT IN ATTACHED ENVELOPE Note Citation Number on Check/Money Order and Make Payable to Peralta Community College District			I hereby declare under penalty of perjury that the foregoing complaint is true and correct. Executed at the place and the date shown above.			Issuing Officer: <u>[Signature]</u> ID Number: <u>11062006</u>		
For additional information please call (510) 465-7237 or (800) 1-7275, Enforcement Technology. LOSS OF YOUR RIGHT TO APPEAL. ADMINISTRATIVE REVIEW WITHIN 21 CALENDAR DAYS WILL RESULT IN THE UNPAID VIOLATIONS MAY RESULT IN IMPOUNDING THE VEHICLE. RESPONSE WITHIN 21 CALENDAR DAYS TO THIS CITATION WILL RESULT IN ADDITIONAL PENALTIES AND POSSIBLE WITHHOLDING OF VEHICLE REGISTRATION. FAILURE TO vehicle license number, your name and address to ensure proper processing. FAILURE TO CA 94583-0810. Or pay online, go to www.ezpay.com. Parking Citation Ctr., P.O. Box 5010, San Ramon, Office of Enforcement Technology, Parking Citation Ctr., P.O. Box 5010, San Ramon,								

Peralta Community College District VS.

Vehicle License 01181271007		State CA	VIN (4 digits) 4350	Make Acura	Model Vigor	Color Blue	No. JC 211007
Date/Day 02/27/08	Time (24 hour) 1055	Location Peralta Community College District		<input type="checkbox"/> Laney College <input type="checkbox"/> Merritt College <input type="checkbox"/> Col. of Alameda		Parking fee must be paid within 21 calendar days by mail in the attached envelope to the Peralta Community College District, Parking Enforcement Center, P.O. Box 5010, San Ramon, CA 94583-0810. Or pay online, go to www.ezpaycorp.com . Please include the citation number, vehicle license number, your name and address to ensure proper processing. FAILURE TO RESPOND WITHIN 21 CALENDAR DAYS TO THIS CITATION WILL RESULT IN ADDITIONAL PENALTIES AND POSSIBLE WITHHOLDING OF VEHICLE REGISTRATION. REPEATED UNPAID VIOLATIONS MAY RESULT IN IMPOUNDING OF THE VEHICLE. You may contest (appeal) the citation by mail or in person by contacting the issuing agency and request an administrative review be conducted. FAILURE TO REQUEST AN ADMINISTRATIVE REVIEW WITHIN 21 CALENDAR DAYS WILL RESULT IN THE LOSS OF YOUR RIGHT TO APPEAL. For additional information please call (510) 466-7237 Peralta Police Services or 1 (866)-424-8546 (toll free), Parking Enforcement Center.	
DID UNLAWFULLY VIOLATE PERALTA C. D. PARKING REGULATIONS AND/OR CALIFORNIA VEHICLE CODE SECTION:							
<input type="checkbox"/> 21113(a) CVC - \$20 Parked in Student Area Without Valid Permit Displayed	<input type="checkbox"/> 22500(b) CVC - \$20 Stopping, Standing, Parking Crosswalk	<input type="checkbox"/> 22514 CVC - \$20 Stopping, Standing, Parking Within 15 Feet of Fire Hydrant - No Drive in Vehicle	<input type="checkbox"/> 22515(a) CVC - \$25 Unattended vehicle (Motor Running/Brake Not Set)		<input type="checkbox"/> \$ 20 <input type="checkbox"/> \$ 275 <input type="checkbox"/> \$		Notes: <input type="checkbox"/> STUDENT <input type="checkbox"/> STAFF <input type="checkbox"/> DAILY <input type="checkbox"/> OTHER <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER <input type="checkbox"/> ANNUAL PERMIT # _____ YEAR _____ <input type="checkbox"/> Expired daily permit (Explain) <input type="checkbox"/> Improper permit display (Explain) <input type="checkbox"/> Checked dash/window <input type="checkbox"/> Backed into space <input type="checkbox"/> Time limit checked at _____ Hrs
<input checked="" type="checkbox"/> 21113(a) CVC - \$20 Parked in Staff Area Without Valid Permit Displayed	<input type="checkbox"/> 22500(e) CVC - \$20 Stopping, Standing, Parking Blocking Driveway	<input type="checkbox"/> 22500.1 CVC - \$20 Stopping, Standing, Parking Fire Lane (Red Zone)	<input checked="" type="checkbox"/> 22507.8 (A) CVC - \$275 Parked in Disabled Space Without Valid Permit (Required)		<input type="checkbox"/> \$		
<input type="checkbox"/> 21113(a) CVC - \$20 Parked Out of Marked Stall/Area Parked in 2 Stalls	<input type="checkbox"/> 22507.8 (B) CVC - \$275 Obstructing/Blocking Disabled Parking Space	<input type="checkbox"/> 22507.8 (C) CVC - \$275 1. Parking on Boundaries/Lines of Disabled Stall 2. Parking in Disabled	<input type="checkbox"/> \$		<input type="checkbox"/> \$		
<input type="checkbox"/> 21113(a) CVC - \$20 Parked in Excess of Posted Time Limit <input type="checkbox"/> 15 min <input type="checkbox"/> 30 min	<input type="checkbox"/> 21113(a) CVC - \$20 Parking Permit Improperly Displayed	<input type="checkbox"/> \$	<input type="checkbox"/> \$		<input type="checkbox"/> \$		
<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$	<input type="checkbox"/> \$		<input type="checkbox"/> \$		
I hereby declare under penalty of perjury that the foregoing complaint is true and correct. Executed at the place and the date shown above.							
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Issuing Officer _____ ID Number _____						_____	

PERALTA COMMUNITY COLLEGE DISTRICT
Notice of Parking Violation

Peralta Community College District VS.

Vehicle License 5W6E1578		Exp 1/2008	State CA	VIN (4 digits) 850	Make Ford	Model Focus	Color Blue	No. JC 212023
Date/Day 03/07/08	Time (24 hour) 1:05	Location Peralta Community College District						
<p>DID UNLAWFULLY VIOLATE PERALTA C. C. D. PARKING REGULATIONS AND/OR CALIFORNIA VEHICLE CODE SECTION:</p> <p><input type="checkbox"/> 21113(a) CVC - \$20 Parked in Student Area Without Valid Permit Displayed</p> <p><input type="checkbox"/> 21113(a) CVC - \$20 Parked in Staff Area Without Valid Permit Displayed</p> <p><input type="checkbox"/> 21113(a) CVC - \$20 Parked in Restricted Area Without Required Permit Displayed</p> <p><input type="checkbox"/> 21113(a) CVC - \$20 Parked Out of Marked Stall/Area Parked in 2 Stalls</p> <p><input type="checkbox"/> 21113(a) CVC - \$20 Parked in Excess of Posted Time Limit <input type="checkbox"/> 15 min <input type="checkbox"/> 30 min</p> <p><input type="checkbox"/> 21113(a) CVC - \$20 Parking Permit Improperly Displayed</p> <p><input type="checkbox"/> 22500(b) CVC - \$20 Stopping, Standing, Parking Within 15 Feet of Fire Hydrant - No Obstruction</p> <p><input type="checkbox"/> 22500(e) CVC - \$20 Stopping, Standing, Parking Blocking Driveway</p> <p><input type="checkbox"/> 22500.1 CVC - \$20 Stopping, Standing, Parking Fire Lane (Red Zone)</p> <p><input type="checkbox"/> 22507.8 (A) CVC - \$275 Parked in Disabled Space Without Valid Permit (Required)</p> <p><input type="checkbox"/> 22507.8 (B) CVC - \$275 Obstructing/Blocking Disabled Parking Space</p> <p><input type="checkbox"/> 22507.8 (C) CVC - \$275 1. Parking on Boundaries/Lines of Disabled Stall 2. Parking in Disabled</p>								
				<p><input type="checkbox"/> 22514 CVC - \$20 Stopping, Standing, Parking Within 15 Feet of Fire Hydrant - No Obstruction</p> <p><input type="checkbox"/> 22515(a) CVC - \$25 Unattended vehicle (Motor Running/Brake Not Set)</p> <p><input type="checkbox"/> 22500.1 CVC - \$20 Stopping, Standing, Parking Fire Lane (Red Zone)</p> <p><input type="checkbox"/> 22507.8 (A) CVC - \$275 Parked in Disabled Space Without Valid Permit (Required)</p> <p><input type="checkbox"/> 22507.8 (B) CVC - \$275 Obstructing/Blocking Disabled Parking Space</p> <p><input type="checkbox"/> 22507.8 (C) CVC - \$275 1. Parking on Boundaries/Lines of Disabled Stall 2. Parking in Disabled</p>		<p><input type="checkbox"/> Laney College</p> <p><input type="checkbox"/> Merritt College</p> <p><input type="checkbox"/> Col. of Alameda</p>		Penalty Amount <input checked="" type="checkbox"/> \$ 20 <input type="checkbox"/> \$ 275 <input type="checkbox"/> \$
<p>Notes:</p> <p><input type="checkbox"/> STUDENT <input type="checkbox"/> STAFF <input type="checkbox"/> DAILY</p> <p><input type="checkbox"/> OTHER <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER <input type="checkbox"/> ANNUAL</p> <p>PERMIT # _____</p> <p><input type="checkbox"/> Expired daily permit (Explain) _____</p> <p><input type="checkbox"/> Improper permit display (Explain) _____</p> <p><input type="checkbox"/> Checked dash/window _____</p> <p><input type="checkbox"/> Backed into space _____</p> <p><input type="checkbox"/> Time limit checked at _____ Hrs</p>								
<p>PAYMENT OF PENALTY MAY BE MADE BY MAIL</p> <p>Penalty for Violation is indicated Above</p> <p>ENCLOSE PAYMENT IN ATTACHED ENVELOPE</p> <p>Note Citation Number on Check/Money Order and Make Payable to Peralta Community College District</p>				<p>I hereby declare under penalty of perjury that the foregoing complaint is true and correct. Executed at the place and the date shown above.</p> <p>10/03/08 10:05 AM</p> <p>Issuing Officer _____ ID Number _____</p>				

Parking fee must be paid within 21 calendar days by mail in the attached envelope to the **Peralta Community College District, Parking Enforcement Center**, P.O. Box 5010, San Ramon, CA 94583-0810. Or pay online, go to www.ezpaycorp.com. Please include the citation number, vehicle license number, your name and address to ensure proper processing. FAILURE TO RESPOND WITHIN 21 CALENDAR DAYS TO THIS CITATION WILL RESULT IN ADDITIONAL PENALTIES AND POSSIBLE WITHHOLDING OF VEHICLE REGISTRATION. REPEATED UNPAID VIOLATIONS MAY RESULT IN IMPOUNDING OF THE VEHICLE.

You may contest (appeal) the citation by mail or in person by contacting the issuing agency and request an administrative review be conducted. FAILURE TO REQUEST AN ADMINISTRATIVE REVIEW WITHIN 21 CALENDAR DAYS WILL RESULT IN THE LOSS OF YOUR RIGHT TO APPEAL.

For additional information please call (510) 466-7237 **Peralta Police Services** or 1 (866)-424-8546 (toll free), **Parking Enforcement Center**.

PERALTA COMMUNITY COLLEGE DISTRICT
Notice of Parking Violation

NOTICE OF ILLEGAL PARKING

06497 0+99+0

CITATION 00828185039	CONTESTING ADDRESS CITY OF OAKLAND -PARKING CITATION ASSISTANCE CENTE 250 FRANK H OGAWA PL STE OAKLAND CA 94612
WRITE THIS NUMBER ON CHECK OR MONEY ORDER	
AMOUNT NOW DUE \$60.00 DUE AFTER 03/26/2007 \$120.00 DUE AFTER 04/16/2007 \$153.00	

PAY ONLINE AT: www.oaklandnet.com/government/fwwebsite/parking/parking_home.htm

A vehicle registered in your name has been illegally parked. Please send payment to the "REMIT TO" address printed on the other side of this form. You may contest this citation at the "CONTESTING ADDRESS" in person or by mail. You have 21 calendar days from date of issuance or 14 calendar days from mailing of this notice to contest. For contesting information, call the "CITATION INFORMATION" number.

If you have sold this vehicle, you must obtain a declaration of non-ownership from a DMV office and return this notice together with the declaration.

Failure to make payment or contest the citation by the due date will result in any of the following actions: increased penalties including collection fees; withholding of vehicle registration; assignment to collection agency; negative credit reporting; vehicle impoundment, and garnishment of tax or Lottery winnings.

PLEASE DISREGARD THIS
NOTICE IF TICKET HAS
BEEN PAID

FAILURE TO PAY THIS TICKET
MAY RESULT IN THE
IMPOUNDING OF YOUR VEHICLE

1-(800) 500-6484

CITATION INFORMATION

DO NOT MAIL CASH

CITATION 00828185039	LIC. NO. ARS701	STATE GA
ISSUED: 10/31/2006 04:28		
VIOLATION: 5204		
CURRENT TAB NOT ATTACHED		
MAKE-TYPE-CLR: ACURA 4DR WHT		
VIOLATION ADDRESS 5800 INTERNATIONAL		

50008281850390605

NOTICE OF ILLEGAL PARKING

CITATION 00828185040	CONTESTING ADDRESS CITY OF OAKLAND -PARKING CITATION ASSISTANCE CENTE 250 FRANK H OGAWA PL STE OAKLAND CA 94612
WRITE THIS NUMBER ON CHECK OR MONEY ORDER	
AMOUNT NOW DUE \$48.00 DUE AFTER 03/26/2007 \$96.00 DUE AFTER 04/16/2007 \$125.00	

06496 0+99+0

PLEASE DISREGARD THIS
NOTICE IF TICKET HAS
BEEN PAID

FAILURE TO PAY THIS TICKET
MAY RESULT IN THE
IMPOUNDING OF YOUR VEHICLE

1-(800) 500-6484

CITATION INFORMATION

DO NOT MAIL CASHPAY ONLINE AT: www.oaklandnet.com/government/fwawebsite/parking/parking_home.htm

A vehicle registered in your name has been illegally parked. Please send payment to the "REMIT TO" address printed on the other side of this form. You may contest this citation at the "CONTESTING ADDRESS" in person or by mail. You have 21 calendar days from date of issuance or 14 calendar days from mailing of this notice to contest. For contesting information, call the "CITATION INFORMATION" number.

If you have sold this vehicle, you must obtain a declaration of ownership from a DMV office and return this notice together with the declaration.

Failure to make payment or contest the citation by the due date will result in any of the following action: increase in penalties including collection fees, withholding of vehicle registration, assignment to collection agency, negative credit reporting, vehicle impoundment, and garnishment of tax or Lottery winnings.



CITATION 00828185040	LIC. NO. ARS701	STATE GA
ISSUED: 10/31/2006 04:28		
VIOLATION: 10.28.240		
NO PARKING CERTAIN HOURS		
MAKE-TYPE-CIR: ACUR 4D WHI		
VIOLATION ADDRESS 5800 INTERNATIONAL		

50008281850400480



County of Alameda – AC Transit
PARKING VIOLATION NOTICE
CODE: 2017

Vehicle License Number <i>AK570F</i>		Last 6 Vin # <i>019350</i>	Make <i>AC</i>	Model <i>V160C</i>
Body Type <i>4DR</i>	Color <i>WHITE</i>	Year <i>1992</i>	State <i>CA</i>	Registration Exp. Date <i>01/2017</i>
Date <i>05/20/11</i>	Time AM-PM <i>1:00</i>	Location <i>23RD & FTH</i>		
City <i>Alameda</i>	Issued By <i>T. JAMES</i>	Badge <i>1117</i>		

	VIOLATION	DESCRIPTION	FEE AMOUNT
1	<input type="checkbox"/> CVC 5200	No front / rear license plate	\$
2	<input type="checkbox"/> CVC 5204(a)	Display of expired registration tabs	\$
3	<input type="checkbox"/> CVC 21113(a)	Parking in an unauthorized space	\$
4	<input type="checkbox"/> CVC 22500(b)	Parking in crosswalk	\$
5	<input type="checkbox"/> CVC 22500(h)	Double parking	\$
6	<input checked="" type="checkbox"/> CVC 22500(i)	Parking/stopping in a bus zone	\$ <i>250</i>
7	<input type="checkbox"/> CVC 22500.1	Parking in a fire lane	\$
8	<input type="checkbox"/> CVC 22507.8(a)	Unauthorized parking in a handicap space	\$
9	<input type="checkbox"/> CVC 22507.8(c)	Parking cross hatch lines	\$
10	<input type="checkbox"/> CVC 22514	Parking 15' of fire hydrant	\$
11	<input type="checkbox"/> BMC:14.36.030C	Red curb/No parking	\$
12	<input type="checkbox"/> BRT 2495-5A	Red Zone	\$
13	<input type="checkbox"/> EMV 4-9.04(A)	Red curb/No parking	\$
14	<input type="checkbox"/> EMV 4-9(B)	Commercial loading/Yellow zone	\$
15	<input type="checkbox"/> OTC 10.40.020(b)	Parking in red,yel.,grn.,white zones	\$
16	<input type="checkbox"/> OTC 10.28.240	No parking certain hours	\$
17	<input type="checkbox"/> OTC 10.28.250	No parking any time	\$
18	<input type="checkbox"/> OTC 10.40.110	No parking - Taxi zone	\$
19	<input type="checkbox"/> OTC 10.16.110	Failure to obey posted sign	\$
	<input type="checkbox"/>		\$
	<input type="checkbox"/>		\$

<input type="checkbox"/> Unoccupied <input type="checkbox"/> Driver <input type="checkbox"/> Passenger only	Comments: <i>1067 in marked bus zone</i>
---	---

SEE REVERSE FOR FURTHER INFORMATION AND DATA

CITATION NUMBER *25017*

RECEIPT - NOT A LICENSE OR PERMIT
NOT A VERIFIED IDENTIFICATION

APPLICATION FOR DL ORIGINAL

D8388827 CLASS: C

JIMMIE TARUS STRINGER
P O BX 1421
OAKLAND CA 94621

AMOUNT DUE	
AMOUNT RCVD	- CASH: 26.00
	- CHCK: 30.00
	- CRDT:
	- CARD:
CASH BACK	: 4.00

IF THIS APPLICATION IS NOT COMPLETED
BY 11-06-07, IT WILL BE CANCELLED

110606

OFFICE - ENA

110606

11/06/07

TRAINING CITATION ASSISTANCE CENTER
Administrative Review-Notice of Final Decision

(510) 451-0423

FAX (510) 986-2699

TDD (510) 839-6451

January 23, 2007

Stringer Jimmie
PO Box 1421
Oakland CA 94604

Tick # 828185040

Issued on: 10/31/2006

License: ARS701 GA

Violation: 10.28.240

An Administrative Review of your submission relating to citation number 828185040 has been completed by City of Oakland staff. After investigation, we found that the citation was properly issued. You must now pay the penalty by the due date. If you want to appeal this decision, follow the instructions detailed below. The explanation of our findings is as follows.

Your request for an administrative review contained insufficient evidence to warrant a dismissal. Therefore, we are unable to dismiss this citation.

TO REQUEST AN ADMINISTRATIVE HEARING:

Please indicate which type of hearing you would like on the portion below. Return it along with the full amount due as a deposit for the hearing (CVC40215). Your Administrative Hearing Request and deposit MUST be postmarked by the deadline below or the penalty will be increased and you will NOT have another opportunity to be heard before an independent Hearing Examiner. If you choose to have a written hearing, include all relevant information and documents. You may defer payment until your hearing if you meet the City's approved poverty income level. Obtain a "Deposit Waiver Application" from the address listed below; it must be submitted along with your request for an Administrative Hearing by the deadline below. You will be notified by mail of the date and time of your hearing.

PARKING CITATION ASSISTANCE CENTER
Administrative Review-Notice of Final Decision

January 23, 2007

Jimmie Stringer
PO Box 1421
Oakland CA 94604

(510) 451-0423
FAX (510) 986-2699
TDD (510) 839-6451

Ticket: 828185039
Issued on: 10/31/2006
License: ARS701 GA
Violation: 5204

An Administrative Review of your submission relating to citation number 828185039 has been completed by City of Oakland staff. After investigation, we found that the citation was properly issued. You must now pay the penalty by the due date. If you want to appeal this decision, follow the instructions detailed below. The explanation of our findings is as follows.

Your request for an administrative review contained insufficient evidence to warrant a dismissal. Therefore, we are unable to dismiss this citation.

TO REQUEST AN ADMINISTRATIVE HEARING:

Please indicate which type of hearing you would like on the portion below. Return it along with the full amount due as a deposit for the hearing (CVC40215). Your Administrative Hearing Request and deposit MUST be postmarked by the deadline below or the penalty will be increased and you will NOT have another opportunity to be heard before an independent Hearing Examiner. If you choose to have a written hearing, include all relevant information and documents. You may defer payment until your hearing if you meet the City's approved poverty income level. Obtain a "Deposit Waiver Application" from the address listed below; it must be submitted along with your request for an Administrative Hearing by the deadline below. You will be notified by mail of the date and time of your hearing.

PARKING CITATION CITY OF OAKLAND

829207522

ISSUE DATE (MM DD YY)

RPT. DIST

TIME ISSUED

03/16/07

633

1025

STATE LICENSE NUMBER

STATE

EXP (MM YY)

5WEH527

CA

0607

MAKE

BODY TYPE

COLOR

2 TONE

MCURR

4DR

W/1

VIN LAST 4 DIGITS

STREETMETER #

9350

1411

STREET NAME / LOCATION

MLKJ N

OFFICER

BADGE #

170

COMPLAINANT

170

CALIFORNIA VEHICLE CODE VIOLATION

☐ 5204 ()
☐ Current Tags
☐ Not Attached
☐ Imprecise Parking

OAKLAND MUNICIPAL CODE VIOLATION

☐ 10.16.070
☐ Vehicles on Private Property
☐ 10.28.190
☒ Two Hour Zone
☐ 10.28.250
☐ No Parking Anytime
☐ 10.36.100
☐ Meter Expired (On Street)
☐ 10.40.060
☐ No Parking Yellow Zone
☐ 10.40.070
☐ No Parking White Zone

☐ 10.16.110
☐ Obeyance to Barriers & Signs
☐ 10.28.240
☐ No Parking Certain Hours
☐ 10.36.050
☐ Meter Expired (On Street)
☐ 10.40.020
☐ No Parking Red Zone
☐ 10.40.070
☐ No Parking White Zone

☐ 10.28.190
☐ No Parking Two Hour Zone
☐ 10.28.250
☐ No Parking Anytime
☐ 10.36.100
☐ Meter Expired (On Street)
☐ 10.40.060
☐ No Parking Yellow Zone
☐ 10.40.070
☐ No Parking White Zone

OTHER

☐ OMC
☐ VC

COMMENTS/VIN NUMBER

RETURN CITATION WITH PAYMENT

PARKING CITATION CITY OF OAKLAND

829207511

ISSUE DATE (MM DD YY)

RPT. DIST

TIME ISSUED

03/16/07

633

1023

STATE LICENSE NUMBER

STATE

EXP (MM YY)

5WEH527

CA

0607

MAKE

BODY TYPE

COLOR

2 TONE

MCURR

4DR

W/1

VIN LAST 4 DIGITS

STREETMETER #

9350

1411

STREET NAME / LOCATION

MLKJ N

OFFICER

BADGE #

170

COMPLAINANT

170

CALIFORNIA VEHICLE CODE VIOLATION

☐ 5204 ()
☐ Current Tags
☐ Not Attached
☐ Imprecise Parking

OAKLAND MUNICIPAL CODE VIOLATION

☐ 10.16.070
☐ Vehicles on Private Property
☐ 10.28.190
☐ Two Hour Zone
☐ 10.28.250
☐ No Parking Anytime
☐ 10.36.100
☐ Meter Expired (On Street)
☐ 10.40.060
☐ No Parking Yellow Zone
☐ 10.40.070
☐ No Parking White Zone

☐ 10.16.110
☐ Obeyance to Barriers & Signs
☐ 10.28.240
☐ No Parking Certain Hours
☒ 10.36.050
☐ Meter Expired (On Street)
☐ 10.40.020
☐ No Parking Red Zone
☐ 10.40.070
☐ No Parking White Zone

☐ 10.28.190
☐ No Parking Two Hour Zone
☐ 10.28.250
☐ No Parking Anytime
☐ 10.36.100
☐ Meter Expired (On Street)
☐ 10.40.060
☐ No Parking Yellow Zone
☐ 10.40.070
☐ No Parking White Zone

OTHER

☐ OMC
☐ VC

COMMENTS/VIN NUMBER

RETURN CITATION WITH PAYMENT

PARKING CITATION
CITY OF OAKLAND

CITY OF OAKLAND

828933919

ISSUE DATE (MM DD YY)	03	03	07	RPT. DIST	633	TIME ISSUED	1235	
STATE LICENSE NUMBER	5	W	C	H	5	EXP (MM YY)	08	07
MAKE	N	C	R	A	BODY TYPE	4DR	COLOR	WHT
VIN LAST 4 DIGITS	1	8	2	0	STREET NAME / LOCATION	ALASKA WAY	STREET METER #	1404
BRIDGE #	1	7	0	OFFICER	[Signature]			

CALIFORNIA VEHICLE CODE VIOLATION		22500	22500
<input type="checkbox"/>	5204 (_____) Current Tags Not Attached	<input type="checkbox"/>	Improper Parking
<input type="checkbox"/>	10.16.070 Vehicles on Private Property	<input type="checkbox"/>	10.16.110 Obeyance to Barriers & Signs
<input checked="" type="checkbox"/>	10.28.190 Two Hour Zone	<input type="checkbox"/>	10.28.240 No Parking
<input type="checkbox"/>	10.28.250 No Parking Anytime	<input type="checkbox"/>	10.36.050 Meter Expired (On Street)
<input type="checkbox"/>	10.36.100 Meter Expired (Off Street)	<input type="checkbox"/>	10.40.020 No Parking
<input type="checkbox"/>	10.40.060 No Parking Yellow Zone	<input type="checkbox"/>	10.40.070 No Parking White Zone

[illegible]

RETURN CITATION WITH PAYMENT

PARKING CITATION
CITY OF OAKLAND

CITY OF OAKLAND

828933908

ISSUE DATE (MM DD YY)	03	03	07	RPT. DIST.	6	3	3	TIME ISSUED	09	20
STATE LICENSE NUMBER	5	W	E	N	5	2	7	EXP (MM YY)	08	07
MAKE	A	C	U	A	B	O	D	COLOR	W	H
VIN LAST 4 DIGITS	1	8	2	0	BODY TYPE	4	D	2 TONE		
STREET NAME / LOCATION	M	L	I	J	R	W	A	STREET/METER #	1	7
BADGE #	1	7	0	OFFICER						

CALIFORNIA VEHICLE CODE VIOLATION		
<input type="checkbox"/>	5204 () Current Tags Not Attached	22500 Improper Parking
<input type="checkbox"/>	OAKLAND MUNICIPAL CODE VIOLATION	
<input type="checkbox"/>	10.16.070 Vehicles on Private Property	10.16.110 Obedience to Barriers & Signs
<input type="checkbox"/>	10.28.190 Two Hour Zone	10.28.240 No Parking Certain Hours
<input type="checkbox"/>	10.28.250 No Parking Anytime	10.36.050 Meter Expired (On Street)
<input type="checkbox"/>	10.36.100 Meter Expired (Off Street)	10.40.020 No Parking Red Zone
<input type="checkbox"/>	10.40.060 No Parking Yellow Zone	10.40.070 No Parking White Zone

OTHER ☐ OMC VC

--	--	--	--	--	--	--	--	--	--	--	--	--

COMMENTS/VIN NUMBER _____

RETURN CITATION WITH PAYMENT

PARKING CITATION
CITY OF OAKLAND

**TRAINING COUNCIL
CITY OF OAKLAND**

828976093

(ISSUE DATE MM DD YY)	RPT. DIST.	TIME ISSUED
022707	35	0953
STATE LICENSE NUMBER	STATE	EXP (MM YY)
5WE4527	CA	0807
MAKE	BODY TYPE	COLOR
ACUR	4DR	WHT
VIN LAST 4 DIGITS	STREETMETER #	
4350	1402	
STREET NAME / LOCATION	OFFICER	
N. A. N. CUTHER K		
BADGE #		
3287C		

CALIFORNIA VEHICLE CODE VIOLATION		225600
<input type="checkbox"/>	5204 () Current Tags	<input type="checkbox"/>
<input type="checkbox"/>	Not Attached	<input type="checkbox"/>
<input type="checkbox"/>	10 16 070 Vehicles on Private Property	<input type="checkbox"/>
<input type="checkbox"/>	10 16 110 Obeyance to Barriers & Signs	<input type="checkbox"/>
<input type="checkbox"/>	10 28 240 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 36 050 Meter Expired (On Street)	<input checked="" type="checkbox"/>
<input type="checkbox"/>	10 36 100 Meter Expired (Off Street)	<input type="checkbox"/>
<input type="checkbox"/>	10 40 020 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 060 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 070 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 090 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 100 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 110 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 120 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 130 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 140 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 150 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 160 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 170 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 180 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 190 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 200 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 210 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 220 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 230 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 240 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 250 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 260 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 270 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 280 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 290 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 300 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 310 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 320 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 330 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 340 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 350 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 360 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 370 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 380 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 390 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 400 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 410 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 420 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 430 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 440 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 450 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 460 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 470 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 480 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 490 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 500 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 510 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 520 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 530 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 540 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 550 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 560 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 570 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 580 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 590 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 600 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 610 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 620 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 630 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 640 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 650 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 660 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 670 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 680 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 690 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 700 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 710 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 720 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 730 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 740 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 750 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 760 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 770 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 780 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 790 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 800 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 810 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 820 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 830 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 840 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 850 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 860 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 870 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 880 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 890 No Parking	<input type="checkbox"/>
<input type="checkbox"/>	10 40 900 No Parking	

OTHER ☐ ☐ OMC VC

COMMENTS/VIN NUMBER

RETURN CITATION WITH PAYMENT

PARKING CITATION CITY OF OAKLAND

828934546

ISSUE DATE (MM DD YY)	03/14/07	RPT. DIST.	033	TIME ISSUED	0343
STATE LICENSE NUMBER	5W6H527	STATE	CA	EXP (MM YY)	08/07
MAKE	ACURA	BODY TYPE	4DR	COLOR	WH
VIN LAST 4 DIGITS	2490	STREET/METER #	1911		
STREET NAME / LOCATION					
14TH ST					
BADGE #	111	OFFICER	Ward		
COMPLAINANT					

CALIFORNIA VEHICLE CODE VIOLATION	
5204 ()	22500
<input type="checkbox"/> Current Tags	<input type="checkbox"/> Improper Parking
<input type="checkbox"/> Not Attached	<input type="checkbox"/> Parking
OAKLAND MUNICIPAL CODE VIOLATION	
10.16.070	10.16.110
<input type="checkbox"/> Vehicles on Private Property	<input type="checkbox"/> Obeyance to Barriers & Signs
10.28.190	10.28.240
<input type="checkbox"/> Two Hour Zone	<input type="checkbox"/> No Parking
10.28.250	10.36.050
<input type="checkbox"/> No Parking Anytime	<input type="checkbox"/> Meter Expired (On Street)
10.36.100	10.40.020
<input type="checkbox"/> Meter Expired (Off Street)	<input type="checkbox"/> Red Zone
10.40.060	10.40.070
<input type="checkbox"/> No Parking Yellow Zone	<input type="checkbox"/> No Parking White Zone

OTHER ☐ OMC ☐ VC ☐

COMMENTS/VIN NUMBER

RETURN CITATION WITH PAYMENT

PARKING CITATION CITY OF OAKLAND

828948978

ISSUE DATE (MM DD YY)	03/14/07	RPT. DIST.	033	TIME ISSUED	1401
STATE LICENSE NUMBER	5W6H527	STATE	CA	EXP (MM YY)	08/07
MAKE	ACURA	BODY TYPE	4DR	COLOR	WH
VIN LAST 4 DIGITS	7350	STREET/METER #	610		
STREET NAME / LOCATION					
14TH ST					
BADGE #	5560	OFFICER	M. Barber		
COMPLAINANT					

CALIFORNIA VEHICLE CODE VIOLATION	
5204 ()	22500
<input type="checkbox"/> Current Tags	<input type="checkbox"/> Improper Parking
<input type="checkbox"/> Not Attached	<input type="checkbox"/> Parking
OAKLAND MUNICIPAL CODE VIOLATION	
10.16.070	10.16.110
<input type="checkbox"/> Vehicles on Private Property	<input type="checkbox"/> Obeyance to Barriers & Signs
10.28.190	10.28.240
<input type="checkbox"/> Two Hour Zone	<input type="checkbox"/> No Parking
10.28.250	10.36.050
<input type="checkbox"/> No Parking Anytime	<input type="checkbox"/> Meter Expired (On Street)
10.36.100	10.40.020
<input type="checkbox"/> Meter Expired (Off Street)	<input type="checkbox"/> Red Zone
10.40.060	10.40.070
<input type="checkbox"/> No Parking Yellow Zone	<input type="checkbox"/> No Parking White Zone

OTHER ☐ OMC ☐ VC ☐

COMMENTS/VIN NUMBER

RETURN CITATION WITH PAYMENT

PARKING CITATION CITY OF OAKLAND

828934030

ISSUE DATE (MM DD YY)	03/09/07	RPT. DIST.	033	TIME ISSUED	0807
STATE LICENSE NUMBER	5W6H527	STATE	CA	EXP (MM YY)	08/07
MAKE	ACURA	BODY TYPE	4DR	COLOR	WH
VIN LAST 4 DIGITS	0350	STREET/METER #	1404		
STREET NAME / LOCATION					
14TH ST					
BADGE #	170	OFFICER	Ward		
COMPLAINANT					

CALIFORNIA VEHICLE CODE VIOLATION	
5204 ()	22500
<input type="checkbox"/> Current Tags	<input type="checkbox"/> Improper Parking
<input type="checkbox"/> Not Attached	<input type="checkbox"/> Parking
OAKLAND MUNICIPAL CODE VIOLATION	
10.16.070	10.16.110
<input type="checkbox"/> Vehicles on Private Property	<input type="checkbox"/> Obeyance to Barriers & Signs
10.28.190	10.28.240
<input type="checkbox"/> Two Hour Zone	<input type="checkbox"/> No Parking
10.28.250	10.36.050
<input type="checkbox"/> No Parking Anytime	<input type="checkbox"/> Meter Expired (On Street)
10.36.100	10.40.020
<input type="checkbox"/> Meter Expired (Off Street)	<input type="checkbox"/> Red Zone
10.40.060	10.40.070
<input type="checkbox"/> No Parking Yellow Zone	<input type="checkbox"/> No Parking White Zone

OTHER ☐ OMC ☐ VC ☐

COMMENTS/VIN NUMBER

RETURN CITATION WITH PAYMENT

PARKING CITATION CITY OF OAKLAND

828573174

ISSUE DATE (MM DD YY)	01/18/07	RPT. DIST.	5E	TIME ISSUED	07:41
STATE LICENSE NUMBER	6WLL11637	STATE	CA	EXP (MM YY)	07/07
MAKE	ACURA	BODY TYPE	4DR	COLOR	WHITE
VIN LAST 4 DIGITS	350	STREET METER #	3732		
STREET NAME / LOCATION					
ALCANTARA BLVD					
BADGE #	18	OFFICER			
COMPLAINANT					
STUCK IN 1818					
CALIFORNIA VEHICLE CODE VIOLATION 5204 () <input type="checkbox"/> Current Tags <input type="checkbox"/> Improper Parking <input type="checkbox"/> Not Attached OAKLAND MUNICIPAL CODE VIOLATION <input type="checkbox"/> 10.16.070 Vehicles on Private Property <input type="checkbox"/> 10.16.110 Obeyance to Barriers & Signs <input type="checkbox"/> 10.28.190 Two Hour Zone <input checked="" type="checkbox"/> 10.28.240 No Parking Certain Hours <input type="checkbox"/> 10.28.250 No Parking Anytime <input type="checkbox"/> 10.36.050 Meter Expired (On Street) <input type="checkbox"/> 10.36.100 Meter Expired (Off Street) <input type="checkbox"/> 10.40.020 No Parking Red Zone <input type="checkbox"/> 10.40.060 No Parking Yellow Zone <input type="checkbox"/> 10.40.070 No Parking White Zone					
OTHER <input type="checkbox"/> OMC <input type="checkbox"/> VC <input type="checkbox"/> COMMENTS/VIN NUMBER RETURN CITATION WITH PAYMENT					

PARKING CITATION CITY OF OAKLAND

828024813

ISSUE DATE (MM DD YY)	02/23/07	RPT. DIST.		TIME ISSUED	
STATE LICENSE NUMBER	6WELH5	STATE	CA	EXP (MM YY)	
MAKE	ACURA	BODY TYPE		COLOR	
VIN LAST 4 DIGITS	350	STREET METER #			
STREET NAME / LOCATION					
ALCANTARA BLVD					
BADGE #	344	OFFICER			
COMPLAINANT					
STUCK IN 1818					
CALIFORNIA VEHICLE CODE VIOLATION 5204 () <input type="checkbox"/> Current Tags <input type="checkbox"/> Improper Parking <input type="checkbox"/> Not Attached OAKLAND MUNICIPAL CODE VIOLATION <input type="checkbox"/> 10.16.070 Vehicles on Private Property <input type="checkbox"/> 10.16.110 Obeyance to Barriers & Signs <input type="checkbox"/> 10.28.190 Two Hour Zone <input type="checkbox"/> 10.28.240 No Parking Certain Hours <input type="checkbox"/> 10.28.250 No Parking Anytime <input type="checkbox"/> 10.36.050 Meter Expired (On Street) <input type="checkbox"/> 10.36.100 Meter Expired (Off Street) <input type="checkbox"/> 10.40.020 No Parking Red Zone <input type="checkbox"/> 10.40.060 No Parking Yellow Zone <input type="checkbox"/> 10.40.070 No Parking White Zone					
OTHER <input type="checkbox"/> OMC <input type="checkbox"/> VC <input type="checkbox"/> COMMENTS/VIN NUMBER RETURN CITATION WITH PAYMENT					

PARKING CITATION CITY OF OAKLAND

828890205

ISSUE DATE (MM DD YY)	02/23/07	RPT. DIST.		TIME ISSUED	
STATE LICENSE NUMBER	6WELH5	STATE	CA	EXP (MM YY)	
MAKE	ACURA	BODY TYPE		COLOR	
VIN LAST 4 DIGITS	350	STREET METER #			
STREET NAME / LOCATION					
ALCANTARA BLVD					
BADGE #	344	OFFICER			
COMPLAINANT					
STUCK IN 1818					
CALIFORNIA VEHICLE CODE VIOLATION 5204 () <input type="checkbox"/> Current Tags <input type="checkbox"/> Improper Parking <input type="checkbox"/> Not Attached OAKLAND MUNICIPAL CODE VIOLATION <input type="checkbox"/> 10.16.070 Vehicles on Private Property <input type="checkbox"/> 10.16.110 Obeyance to Barriers & Signs <input type="checkbox"/> 10.28.190 Two Hour Zone <input type="checkbox"/> 10.28.240 No Parking Certain Hours <input type="checkbox"/> 10.28.250 No Parking Anytime <input type="checkbox"/> 10.36.050 Meter Expired (On Street) <input type="checkbox"/> 10.36.100 Meter Expired (Off Street) <input type="checkbox"/> 10.40.020 No Parking Red Zone <input type="checkbox"/> 10.40.060 No Parking Yellow Zone <input type="checkbox"/> 10.40.070 No Parking White Zone					
OTHER <input type="checkbox"/> OMC <input type="checkbox"/> VC <input type="checkbox"/> COMMENTS/VIN NUMBER RETURN CITATION WITH PAYMENT					

City of Oakland Parking Violation

Citation Number
153335232

Payment Questions: 1-800-500-6484

Date: 03/02/07 09:47 AM
Officer: 328 500380
License: SWEH527 CA 08/07
Make: ACUR 4DR WHT
VIN: 9350

Location:
MARTIN LUTHER KING JR WY

Violation:
10.36.050
METER VIOLATION - EXPIRED
Fine Amount: \$35.00

If Delinquent:
If paid after 21 days: \$70

no dp visible

1415



153335232

Failure to respond to 5 or more outstanding violations may result in the immobilization and/or towing of your vehicle pursuant to C.V.C. 22651 (i). Pursuant to G.C. 76000 a surcharge has been added to the penalty. Registration and equipment violations require proof of correction. Verification by a police officer, a California Highway Patrol Officer, or by any Department of Motor Vehicles representative.

City of Oakland Parking Violation

Citation Number
153335294

Payment Questions: 1-800-500-6484

Date: 03/03/07 10:43 AM
Officer: 328 500380
License: SWEH527 CA 08/07
Make: ACUR 4DR WHT
VIN: 9350

Location:
MARTIN LUTHER KING JR WY

Violation:
10.36.050
METER VIOLATION - EXPIRED
Fine Amount: \$35.00

If Delinquent:
If paid after 21 days: \$70

no dp visible

1402



153335294

Failure to respond to 5 or more outstanding violations may result in the immobilization and/or towing of your vehicle pursuant to C.V.C. 22651 (i). Pursuant to G.C. 76000 a surcharge has been added to the penalty. Registration and equipment violations require proof of correction. Verification by a police officer, a California Highway Patrol Officer, or by any Department of Motor Vehicles representative.

PARKING CITATION CITY OF OAKLAND

828204256

ISSUE DATE (MM DD YY)		RPT. DIST.		TIME ISSUED	
03	03	07			
STATE LICENSE NUMBER		STATE		EXP. (MM YY)	
SWEH527		CA		08/07	
NAME		BODY TYPE		COLOR	
ACUR		4DR		WHT	
VIN LAST 4 DIGITS		STREET NAME / LOCATION		STREET METER #	
9350		MARTIN LUTHER KING JR WY		1402	
BADGE #		OFFICER			
328		500380			

508 28 20 4 25 56

CALIFORNIA VEHICLE CODE VIOLATION	
<input type="checkbox"/> 5204 ()	<input type="checkbox"/> 22560
<input type="checkbox"/> Current Tags	<input type="checkbox"/> Improper Parking
<input type="checkbox"/> Not Attached	
OAKLAND MUNICIPAL CODE VIOLATION	
<input type="checkbox"/> 10.16.070	<input type="checkbox"/> 10.16.110
<input type="checkbox"/> Vehicles on Private Property	<input type="checkbox"/> Obstruction to Barriers & Signs
<input type="checkbox"/> 10.28.190	<input type="checkbox"/> 10.28.240
<input type="checkbox"/> Two Hour Zone	<input type="checkbox"/> No Parking Certain Hours
<input type="checkbox"/> 10.28.250	<input type="checkbox"/> 10.36.050
<input type="checkbox"/> No Parking Anytime	<input type="checkbox"/> Meter Expired (On Street)
<input type="checkbox"/> 10.36.100	<input type="checkbox"/> 10.40.020
<input type="checkbox"/> Meter Expired (Off Street)	<input type="checkbox"/> No Parking Red Zone
<input type="checkbox"/> 10.40.060	<input type="checkbox"/> 10.40.070
<input type="checkbox"/> No Parking Yellow Zone	<input type="checkbox"/> No Parking Wide Zone

OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OKC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS/VIN NUMBER

RETURN CITATION WITH PAYMENT

City of Oakland Parking Violation

Citation Number
153929325

Payment Questions: 1-800-500-6484

City of Oakland Parking Violation

Citation Number
153614165

Payment Questions: 1-800-500-6484

City of Oakland Parking Violation

Citation Number
153929350

Payment Questions: 1-800-500-6484

City of Oakland Parking Violation

Citation Number
150624

Payment Questions: 1-800-500-6484

Date: 03/26/07 09:14 AM
Officer: 323 500388
License: SWEH527 CA 08/07
Make: ACUR 2DR WHT
VIN: 9350

Date: 03/24/07 03:48 PM
Officer: 328 500384
License: SWEH527 CA 08/07
Make: ACUR 2DR WHT
VIN: NV

Date: 03/26/07 02:25 PM
Officer: 323 500388
License: SWEH527 CA 08/07
Make: ACUR 2DR WHT
VIN: 9350

Date: 03/27/07 02:19 PM
Officer: 325 500333
License: SWEH527 CA 08/07
Make: ACUR 4DR WHT
VIN: 9350

Location:
MARTIN LUTHER KING JR WY

Location:
MARTIN LUTHER KING JR WY

Location:
MARTIN LUTHER KING JR WY

Location:
154 10TH ST

Violation:
10:36:050

METER VIOLATION - EXPIRED

Fine Amount: \$35.00

If Delinquent:
If paid after 21 days: \$70

Violation:
10:36:050

METER VIOLATION - EXPIRED

Fine Amount: \$35.00

If Delinquent:
If paid after 21 days: \$70

Violation:
10:20:060

METER - OVERTIME

Fine Amount: \$35.00

If Delinquent:
If paid after 21 days: \$70

Violation:
10:28:190

TWO HOUR ZONE

Fine Amount: \$35.00

If Delinquent:
If paid after 21 days: \$80

If Delinquent:
If paid after 21 days: \$70

DP PLAC VISABLE NOT JAMMED

no dp visible

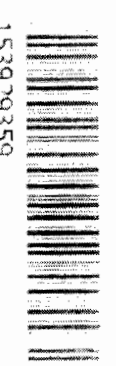
NA 2HRS METER 1407

no dp over 2 hours

1407

1403

1407



153929325

153614165

153929350

150624881

Failure to respond to 5 or more outstanding violations may result in the immobilization and/or towing of your vehicle pursuant to C.V.C. 22651 (i). Pursuant to G.C. 76000 a surcharge has been added to the penalty. Registration and equipment violations require proof of correction. Verification by a police officer, a California Highway Patrol Officer, or by any Department of Motor Vehicles representative.

Failure to respond to 5 or more outstanding violations may result in the immobilization and/or towing of your vehicle pursuant to C.V.C. 22651 (i). Pursuant to G.C. 76000 a surcharge has been added to the penalty. Registration and equipment violations require proof of correction. Verification by a police officer, a California Highway Patrol Officer, or by any Department of Motor Vehicles representative.

Failure to respond to 5 or more outstanding violations may result in the immobilization and/or towing of your vehicle pursuant to C.V.C. 22651 (i). Pursuant to G.C. 76000 a surcharge has been added to the penalty. Registration and equipment violations require proof of correction. Verification by a police officer, a California Highway Patrol Officer, or by any Department of Motor Vehicles representative.

Failure to respond to 5 or more outstanding violations may result in the immobilization and/or towing of your vehicle pursuant to C.V.C. 22651 (i). Pursuant to G.C. 76000 a surcharge has been added to the penalty. Registration and equipment violations require proof of correction. Verification by a police officer, a California Highway Patrol Officer, or by any Department of Motor Vehicles representative.

City of Oakland Parking Violation

Citation Number
150624881

Payment Questions: 1-800-500-6484

Date: 03/27/07 02:19 PM
Officer: 325 S00333
License: 5WEH527 CA 08/07
Make: ACUR 4DR WHT
VIN: 9350

Location: 03/27/07 11:54AM
154 10TH ST

Violation: 10.28.190
TWO HOUR ZONE
Fine Amount: \$40.00
If Delinquent:
If paid after 21 days: \$80.00

no dp over 2 hours

150624881



Failure to respond to 5 or more outstanding violations may result in the immobilization and/or towing of your vehicle pursuant to C.V.C. 22651 (i). Pursuant to G.C. 76000 a surcharge has been added to the penalty. Registration and equipment violations require proof of correction. Verification by a police officer, a California Highway Patrol Officer, or by any Department of Motor Vehicles representative.

City of Oakland Parking Violation

Citation Number
153335347

Payment Questions: 1-800-500-6484

Date: 03/03/07 04:56 PM
Officer: 328 S00380
License: 5WEH527 CA 08/07
Make: ACUR 4DR WHT
VIN: 9350

Location: 1401 MARTIN LUTHER KING JR WY

Violation: 10.36.050
METER VIOLATION - EXPIRED
Fine Amount: \$35.00
If Delinquent:
If paid after 21 days: \$70

no dp visible

153335347



Failure to respond to 5 or more outstanding violations may result in the immobilization and/or towing of your vehicle pursuant to C.V.C. 22651 (i). Pursuant to G.C. 76000 a surcharge has been added to the penalty. Registration and equipment violations require proof of correction. Verification by a police officer, a California Highway Patrol Officer, or by any Department of Motor Vehicles representative.

City of Oakland Parking Violation

Citation Number
150923817

Payment Questions: 1-800-500-6484

Date: 03/23/07 10:40 PM
Officer: 328 S00341
License: 5WEH527 CA 08/07
Make: ACUR 4DR WHT
VIN: 9350

Location: MARTIN LUTHER KING JR WY

Violation: 10.36.050
METER VIOLATION - EXPIRED
Fine Amount: \$35.00
If Delinquent:
If paid after 21 days: \$70

no dp visible

150923817



Failure to respond to 5 or more outstanding violations may result in the immobilization and/or towing of your vehicle pursuant to C.V.C. 22651 (i). Pursuant to G.C. 76000 a surcharge has been added to the penalty. Registration and equipment violations require proof of correction. Verification by a police officer, a California Highway Patrol Officer, or by any Department of Motor Vehicles representative.

RECEIPT - NOT A LICENSE OR PERMIT

NOT A VERIFIED IDENTIFICATION

APPLICATION FOR DL ORIGINAL

D8388827	CLASS: C	AMOUNT DUE	:	26.00
JIMMIE TARUS STRINGER		AMOUNT RCVD	-	30.00
P O BX 1421			-	
OAKLAND	CA 94621		-	
		CASH BACK	:	4.00

IF THIS APPLICATION IS NOT COMPLETED
BY 11-06-07, IT WILL BE CANCELLED

110606 OFFICE -504 110606 E1/5020 192

CUSTOMER RECEIPT COPY

*** D I S A B L E D P E R S O N P L A C A R D ***

EXPIRES: 02/17/2007

PLACARD NUMBER: I675489

PIC: 1

TV: 91

DATE ISSUED: 08/17/06

MO/YR: MV

STRINGER JIMMIE T
1446 FRANKLIN ST

DT FEES RECVD: 08/17/06

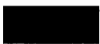
OAKLAND
CA

94601

CO: 01

AMT DUE	:	6.00
AMT RECVD	-	CASH :
	-	CHCK :
	-	CRDT :
		6.00

E10 504 34 0000600 0028 CS E10 081706 N2 I675489



FEE1	B01 A L E F P	G F E E 1	P C D S	50433816	39	V F 0 1 E	F E E S	***	0	120406	1645	V D A P
01	CURR RF	31.00	16					31				
02	CURR CHP	9.00	17					32				
03	CURR VLF	15.00	18					33				
04	CURR SAFE	1.00	19					34				
05	CURR FID	1.00	20					35				
06	CUR AUTO/DUI	1.00	21					36				
07	CURR ABN VEH	1.00	22					37				
08	CURR AIR QLT	6.00	23					38				
09	USE TAX	201.00	24					39				
10	N/R ORIG SF	16.00	25					40				
11	R/LP FEE	1.00	26					41				
12	CUR REG PEN	30.00	27					42				
13	VLF PEN	6.00	28					43				
	X PEN	20.00	29					44				
			30									
TOTAL FEES DUE:									339.00			

\MT- REASON- PASSWORD- CURR EXP DATE: 08/14/07
 0- VESSEL TAX BYPASS- NEW EXP DATE: 08/14/07
 PF1 NO RENEWAL-PF2 KEY FEES-PF3 FALLBACK RESTART CANCEL

VOTER REGISTRATION FORM RECEIPT
(NOT A VERIFIED IDENTIFICATION OR RECORDED VOTER REGISTRATION)

**NOTICE: IF YOU CHANGE YOUR ADDRESS, NAME, OR POLITICAL PARTY
YOU MUST REREGISTER TO VOTE**

DL/ID#: D8388827

PRIOR INFO:

JIMMIE TARUS STRINGER
5725 INTERNATIONAL BLVD
OAKLAND CA
DOB: 11-19-71 Y: NEW REGISTRATION

ATTENTION VOTER APPLICANT

THIS IS THE ONLY RECEIPT YOU WILL RECEIVE TO VERIFY YOUR REQUEST
TO REGISTER TO VOTE FROM DMV. KEEP THIS RECEIPT UNTIL YOU RECEIVE A
VOTER NOTIFICATION CARD FROM THE COUNTY ELECTIONS OFFICE. IF YOU DO
NOT RECEIVE THE VOTER NOTIFICATION CARD WITHIN FOUR WEEKS, CONTACT
YOUR LOCAL COUNTY ELECTIONS OFFICE.

THIS RECEIPT IS FOR TRACKING PURPOSES

OFFICE - 504

TRANSACTION DATE: 110606

F1

██████████
R60999335H 4VJH4CC2559NC019350

DATE: 11/03/06 TIME: 14:38
PENDING RECORD INSURANCE STATUS NOT CHECKED
PENDING MASTER FILE RECORD
LIC#:291551S YRMD:92 MAKE:ACUR BTM :4D VIN :JH4CC2559NC019350
R/O : STRINGER JIMMIE, 5725 INTERNATIONAL BLVD CITY:OAKLAND C.C.:01
ALCO:07 ZIP#:94621
RCID:10/05/06 LOCD:0
TYPE:00 POWR:G VEH :13 BODY:0 CLAS:AP *-YR:06
REC STATUS:
10/05/06 REFLECTORIZED LICENSE PLATE
10/05/06 VEHICLE VALUE: 0002300
RIP OFC:504 D:10/05/06 ID/S:340034 T:B00 V:0000000 R:04 RT:
END



TEST RESULTS - NOT A LICENSE TO DRIVE - NOT A VERIFIED IDENTIFICATION

TYPE APP: DL ORIGINAL DL #: D8388827 DL EXP DATE: NONE
FEE DUE YEAR: PREV CLASS: APP CLASS: F
REST: ATT: END/CERT:

JIMMIE TARUS STRINGER
P O BX 1421 OAKLAND CA 94621
M H:BLK HZL 6-00 170 *BD:11-19-71*

APP DATE: 11-06-06 O/S LIC: GA LIC LOC: A R/P:
MINOR: DRIVER ED: DRIVER TRNG: M/C TRNG:
IP ISS: IP CL: TEMP ISS: TEMP CL:
LAW FALL:

CL F -----DRIVE----- CL M --MC/SKILL-- W/P SIGNS
0

VISION: P ORAL: F/L: # OF LT YEARS:
RESTR: ATTCH: MEDICAL EXP:

INCOMPLETE APP: WF 504 111506 21 641

CALIFORNIA DEPARTMENT OF MOTOR VEHICLES
CUSTOMER RECEIPT COPY
REGISTRATION
INFORMATION REQUEST

12/11/06

R62999335044S291551S

DATE: 12/11/06 TIME: 10:32

PENDING RECORD INSURANCE STATUS NOT CHECKED

PENDING MASTER FILE RECORD

LIC#:291551S YRMD:92 MAKE:ACUR BTM :4D VIN :JH4CC2559NC019350

R/O :STRINGER JIMMIE, 5725 INTERNATIONAL BLVD CITY:OAKLAND C.C.:01

ALCO:07 ZIP#:94621

RCID:11/06/06 LOCD:0

TYPE:00 POWER:G VEH :13 BODY:0 CLAS:AP *-YR:06

REC STATUS:

11/06/06 REFLECTORIZED LICENSE PLATE

12/04/06 ELECTRONIC SMOG CERT VALID UNTIL 03/04/07

11/06/06

TIP OFC:504 D:12/04/06 ID/S:164510 T:B00
VEHICLE VALUE: 0002300

* * * END * * *

**VEHICLE MOVING PERMIT**

(Sections 4002, 4604, 11716 V.C.)

**VEHICLE MUST HAVE A VALID PLANNED NON-OPERATION STATUS ON RECORD,
BE EXEMPT FROM THE PLANNED NON-OPERATION LAW, OR
HAVE REGISTRATION FEES ON DEPOSIT.**

VEHICLE IDENTIFICATION NUMBER (VIN)	VEHICLE LICENSE NUMBER (IF ANY)
5H4AC2559	ABS 7019
	MAKE OF VEHICLE
	Acura Vigor

The above vehicle will be moved (check one item only):

- ☐ From dealer's, distributor's, or manufacturer's place of business for alteration.
- ☐ From current storage to a new storage location.
- ☐ For repair or alteration.
- ☐ To be permanently wrecked or dismantled.
- ☒ For inspection, smog inspection, or weighing.
- ☐ For construction (incomplete vehicle).
- ☐ From vessel, railroad depot or warehouse to a manufacturer's, re-manufacturer's, distributor's, transporter's, or dealer's warehouse or salesroom.

This permit must be carried with the vehicle when it is moved and presented to the department when the vehicle is registered. This permit is issued for ONE DAY ONLY.

NOTE: This permit does not exempt you from applicable liability insurance laws.

SIGNATURE OF APPLICANT	DAY TIME TELEPHONE NUMBER
<i>James Stringer</i>	510-355-2273
PRINTED NAME OF APPLICANT OR BUSINESS	
5725 International	Oakland Ca. 94621
ADDRESS	CITY

VALID ONLY FOR MOVEMENT ON THIS DATE:

11/15-16/06

APPROVED BY (Authorized Employee Department of Motor Vehicles or California Highway Patrol)

OFFICE	DATE ISSUED
<i>J.P.P.</i>	504 NOV 15 2006



DEPARTMENT OF MOTOR VEHICLES PLACARD IDENTIFICATION CARD

THIS IDENTIFICATION CARD OR FACSIMILE COPY IS TO BE CARRIED BY THE PLACARD OWNER. PRESENT IT TO ANY PEACE OFFICER UPON DEMAND. IMMEDIATELY NOTIFY DMV BY PHONE OR MAIL OF ANY CHANGE OF ADDRESS. WHEN PARKING, HANG THE PLACARD FROM THE REAR VIEW MIRROR. REMOVE IT WHEN DRIVING.

PLACARD#: I675489 PLACARD HOLDER: STRINGER JIMMIE T
EXPIRES: 02/17/2007 1446 FRANKLIN ST
DOB: 01/19/1971
ISSUED: 08/17/06
TYPE: N2 OAKLAND 94601
CA

PURCHASE OF FUEL (BUSINESS & PROFESSIONS CODE 13660):

STATE LAW REQUIRES SERVICE STATIONS TO REFUEL A DISABLED PERSON'S VEHICLE AT SELF-SERVICE RATES, EXCEPT SELF-SERVICE FACILITIES WITH ONLY ONE CASHIER.

WHEN YOUR PLACARD IS PROPERLY DISPLAYED, YOU MAY PARK IN/ON:

*DISABLED PERSON PARKING SPACES (BLUE ZONES) *METERED ZONES WITHOUT PAYING
*GREEN ZONES WITHOUT RESTRICTIONS TO TIME LIMITS *STREETS WHERE
PREFERENTIAL PARKING PRIVILEGES ARE GIVEN TO RESIDENTS AND MERCHANTS.

YOU MAY NOT PARK IN/ON: *RED ZONES *TOW AWAY ZONES *WHITE OR YELLOW ZONES
*SPACES MARKED BY CROSSHATCH LINES NEXT TO DISABLED PERSON PARKING SPACES.

IT IS CONSIDERED MISUSE: *TO DISPLAY A PLACARD UNLESS THE DISABLED OWNER
IS BEING TRANSPORTED *TO DISPLAY A PLACARD WHICH HAS BEEN CANCELLED OR
REVOKED *TO LOAN YOUR PLACARD TO ANYONE, INCLUDING FAMILY MEMBERS.
MISUSE IS A MISDEMEANOR (SECTION 4461VC) AND CAN RESULT IN CANCELLATION OR
REVOCATION OF THE PLACARD, LOSS OF PARKING PRIVILEGES, AND/OR FINES.



Alameda County Sheriff's Office/Peralta Police Services
333 East 8th Street
Oakland, California 94606
(510)466-7237

November 22, 2006

Jimmie Stringer
 5725 International Blvd
 Oakland, California 94621

Agency Name: Peralta Community College District
 Citation Number: JC207863

We have completed the Level I Appeal, the results are as follows:



Citation Valid



Citation Dismissed

Explanation of results:



A one time dismissal has already been granted.



To park in the Laney College parking lot: you must have a student I.D. decal and a current daily parking permit or a current semester parking permit.



The parking regulations for Peralta Community College District are: in the class schedule, online, in the Personal Safety Handbook and posted throughout all Peralta Community College District parking lots.



Signs and/or regulations are posted throughout all Peralta Community College District parking lots.



Vehicles must be parked within marked stalls and/or spaces.



Parking permits must be properly displayed at all times.



It is past the 21 day appeal process.



Other:



Dismissed in the interest of justice.



One time dismissal.

SGT. K.T. GUMS, #1268

Examiner's Signature

11 27 06
 Date of results

112706 SH
 Date mailed

If you are dissatisfied with the Level I results, you may file a Level II Appeal; however, this must be done within 21 calendar days following the mailing of the results of the Level I Appeal. You may pick up a Level II Appeal from: Peralta Police Services, 333 East 8th Street, Oakland, CA 94606, between the hours of 7:00 a.m. and 7:00 p.m.



Auto Glass Experts

P.O. Box 792 • Oakland, CA 94604
1-800-970-2024 • Fax: 510-532-6115

TAX ID: 87-0714740

Work Order No. 8710

Schedule Date: _____ Time: _____ Account No.: _____ Salesman: _____

<p>Name: <u>JIMMY STRINGER</u></p> <p>Address: _____</p> <p>Home No. _____</p> <p>Bus. No. _____</p> <p>Year: <u>1992</u></p> <p>Make: <u>Acura</u></p> <p>Model: <u>VIGOR</u></p> <p>Style: _____</p> <p>VIN No. _____</p> <p>Mileage: _____</p> <p>License: _____</p>	<p>Bill to: _____</p> <p>Address: _____</p> <p>Office No. _____</p> <p>Fax No. _____</p> <p>Policy Name: _____</p> <p>Policy No. _____</p> <p>Claim No. _____</p> <p>Agent Name: _____</p> <p>Agent No. _____</p> <p>Date of Loss: _____</p> <p>Deductible Amount: _____</p>
---	--

☐ Cash
 ☐ Retail
 ☐ Wholesale
 ☐ Charge Card
 ☐ Insurance
 ☐ On Account
 ☐ Return/Credit

SORRY, PERSONAL CHECKS NOT ACCEPTED

QTY.	PART NO.	DESCRIPTION	LABOR	MATERIAL
1	FD4510	LKD		1200

I hereby authorize repair work to be done. Signature _____

SUB TOTAL

The work has been completed to my satisfaction. I authorize my Insurance Company to pay direct to Auto Glass Experts the full amount due to me under the terms of my policy. I understand if, for any reason, the insurance company does not pay this claim, I will be responsible for the payment of the same. I hereby grant to Auto Glass Experts Power of Attorney to sign or endorse any checks and/or drafts made payable to me, and any releases thereto, as settlement for this claim.

TAX

LABOR

TOTAL

DEPOSIT/DED.

Signature _____ Date 12/5/06

BALANCE DUE

VEHICLE REPORT 536-254 (4/04)

OAKLAND POLICE DEPARTMENT

DO NOT SEPARATE PAGES

RD NO.

0160 378 777

65. ROUTING <input type="checkbox"/> CID <input type="checkbox"/> YSD <input type="checkbox"/> VICE <input type="checkbox"/> CSD <input type="checkbox"/> TRAF <input type="checkbox"/> D/A Vic/Wit	1. CP Beat 266	2. Incident No. 1345	3. Current Owner Herndon, Tricity	4. License No. AZ 37019 GA	State Georgia
5. Current Owner's Sex Race DOB	6. Current Owner's Home Address 1116 Ravell St Columbus Georgia		Home Ph (706) 687-0108		
7. # of Persons in Custody 0	8. Cont. of Offense Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9. Current Owner's Business Address Oakland City/Zip		Bus. Ph (404) 227-8231	
10. If Yes, Crime or Charge(s)		11. Phonetically Spell All Letters and Numbers of License OR V.I.N. if No Plates shhann four charles charles two five seven seven one charles zero one ne three five zero			
12. Complainant		13. V.I.N. JH4CCZ559NC019350			
14. Vehicle Involved in Another Reported Crime <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk		15. Year 92	Make Acura	Model Vig	Body Type 4D
		Color(s) whi	Vehicle Type <input checked="" type="checkbox"/> Auto <input type="checkbox"/> Truck <input type="checkbox"/> Other		
16. Nature of Incident stolen 10851		17. Address Where Lost/Stolen IFO 5725 E. 14th		18. Date of Theft May 06 2230	
19. Date/Time Report Taken May 06/0005		20. Address Where Recovered/Towed		21. Date/Time Recovered/Towed	
22. Reporting Party - Name		Sex Race Age	Home Address	<input type="checkbox"/> Oakland City/Zip	Home Ph () Bus. Ph ()
23. Witness - Name		Sex Race Age	Home Address	<input type="checkbox"/> Oakland City/Zip	Home Ph () Bus. Ph ()
STOLEN OR LOST VEHICLE	24. Original Plates on Vehicle <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> Both <input type="checkbox"/> None		25. Plates Other Than Original on Vehicle		26. Owner Applied No.
27. Legal Owner Herndon, Tricity		28. Insurance Company State Farm		29. Policy No. T072930-CL6-110	
30. Keys in Ignition <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	31. All Keys Accounted For <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		32. Engine No.		33. <input checked="" type="checkbox"/> Theft Phoned In Date/Time 7 May 06 <input checked="" type="checkbox"/> Clear Tow/Repo. Serial No. 447700
34. Last Person Driven Stringer, Jimmie	Name 35	Sex Race Age	Home Address 1843 Markone St NW Atlanta GA	City/Zip 30310	Home Ph (404) 227-8231 Bus. Ph ()
35. Detailed Description of Custom Accessories, Markings or Cargo Sunroof, 18 inch rims			36. Damage to Vehicle at Time of Incident		
37. Describe Location of Theft Street		38. Area Searched By W. Percy		Serial No. 8346p	39. How Long Owned Yr(s) <input checked="" type="checkbox"/> Mo(s)
40. Value of Vehicle/Cargo					
41. SUSPECT In Custody <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name		Sex Race Age (DOB)	Height Weight Build Hair Eyes	Clothing
42. Suspect's Home Address		<input type="checkbox"/> Oakland City/Zip	Home Phone ()		Bus. Phone ()
RECOVERED OR TOWED VEHICLE	43. Original Plates on Vehicle <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Both <input type="checkbox"/> None		44. Plates Other Than Original on Vehicle		45. Owner Applied No.
46. Keys in Ignition <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	47. Condition of Ignition (Check One or More) <input type="checkbox"/> Engine Hot-Wired <input type="checkbox"/> Master/Jingle Keys <input type="checkbox"/> No Apparent Tampering <input type="checkbox"/> Punched/Removed <input type="checkbox"/> Forced <input type="checkbox"/> Ignition Hot-Wired <input type="checkbox"/> Secondary Ignition				
48. VIN Physically Verified <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	49. Outside Agency		50. Outside Agency Report No.		
51. Detailed Description of Damage/Missing Parts			52. <input type="checkbox"/> Record Cleared <input checked="" type="checkbox"/> HOLD <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> RTO <input type="checkbox"/> Towed/No.		
53. Describe Location of Recovery		54. Tech at Scene <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	55. Prints Obtained <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	56. Tech Tag Left <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	57. Value of Recovered Vehicle
58. If a criminal complaint is issued as a result of this police report, I hereby agree to sign said complaint and to cooperate fully in the prosecution of the case. I further agree that neither restitution nor an offer of restitution shall release me from this agreement. I hereby affirm to the best of my knowledge that the information on this form is true and accurate. I understand that when my vehicle is recovered, I am responsible for all tow and storage charges.					
Signature W. Percy			Date 5-7-06		
59. Reporting Officer/Clerk W. Percy	Serial No. 8346p	60. Second Officer	Serial No.	61. Approving Supervisor Shannon	Serial No.
62. Area 3	63. Watch 1	64. Page 1 of 1			

VEHICLE REPORT 536-254 (4/04)
OAKLAND POLICE DEPARTMENT

DO NOT SEPARATE PAGES

1. CP Beat 26y		2. Incident No. 1345		3. Current Owner Herndon Truxy		RD NO. 06037877	
5. Current Owner's Sex Race DOB		6. Current Owner's Home Address 1116 Rawell St Columbus Georgia		4. License No. A257019 GA		State	
7. # of Persons in Custody 0		8. Cont. of Offense Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. Current Owner's Business Address <input type="checkbox"/> Oakland City/Zip		Home Ph (706) 687-0108	
10. If Yes, Crime or Charge(s)		11. Phonetically Spell All Letters and Numbers of License OR V.I.N. if No Plates whh hnfur charles char les two five five nine one one three five zero		Bus. Ph (404) 227-8231			
12. Complainant		13. V.I.N. JH4CCZ559NC019350					
14. Vehicle Involved in Another Reported Crime <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk		15. Year Make Model Body Type Color(s) 92 Acura Vig 4D whi		Vehicle Type <input checked="" type="checkbox"/> Auto <input type="checkbox"/> Truck <input type="checkbox"/> Other			

NARRATIVE INSTRUCTIONS

- Identify additional suspects/witnesses as outlined above.
- List statements taken, and by whom they were taken.
- Itemize additional loss and all property/evidence confiscated.
- Summarize the circumstances of the incident.
- Lost/Stolen/Embezzled Vehicles:** Describe any property in the vehicle at the time of the incident which might be pawned/sold. Have complainant sign agreement on page 1.
- Recovered Vehicles:** Indicate how and where vehicle was entered and list disposition of any physical evidence.
- Impounded Vehicles:** Describe any physical evidence which might connect the vehicle with a crime.

Upon my arrival, I spoke w/ R/p Stringer, Jimmy. He told me that he had bought his vehicle from his sister (P/o) and then drove it out to California w/out registering it in his name. The vehicle is a 92 Acura Vig 4D whi. Unk Georgia license plates. R/p Stringer, Jimmy told me that he had parked the vehicle EFO 5725 E. 14th tonight at 1730hrs. When he came out at 2230hrs, the vehicle was missing.

The R/p has all of his keys.

I had service enter the vehicle into SVS.

Per Sgt. Armstrong, I took the report from the reporting person.

-VEHICLE REPORT 536-254 (4/04)

OAKLAND POLICE DEPARTMENT

DO NOT SEPARATE PAGES

RD NO.

06037877

65. ROUTING <input type="checkbox"/> CID <input type="checkbox"/> YSD <input type="checkbox"/> VICE <input type="checkbox"/> CSD <input type="checkbox"/> TRAF <input type="checkbox"/> D/A Vic/Wit		1. CP Beat 26X		2. Incident No. 345		3. Current Owner HERDON TRIXTY		4. License No. ARS 7019		State GA			
5. Current Owner's Sex Race DOB				6. Current Owner's Home Address 1116 ROWELL ST COLUMBUS, GA 31907				City/Zip 31907		Home Ph (706) 687-0108			
7. # of Persons in Custody 0		8. Cont. of Offense Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. Current Owner's Business Address ADAM ROBERT SAM SEVEN ZERO ONE NINE				City/Zip 31907		Bus. Ph (706) 227-8283			
10. If Yes, Crime or Charge(s)				11. Phonetically Spell All Letters and Numbers of License OR V.I.N. if No Plates J H 4 C C 2 5 5 9 N C 0 1 9 3 5 0									
12. Complainant CURRENT OWNER				13. V.I.N. J H 4 C C 2 5 5 9 N C 0 1 9 3 5 0									
14. Vehicle Involved in Another Reported Crime <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk				15. Year 92		Make ACUR		Model VIG		Body Type 4D		Color(s) WHI	Vehicle Type <input checked="" type="checkbox"/> Auto <input type="checkbox"/> Truck <input type="checkbox"/> Other
16. Nature of Incident REC STOLEN VEH 10851QV.C				17. Address Where Lost/Stolen				18. Date of Theft 06 MAY 06				Time	
19. Date/Time Report Taken 11 MAY 06 / 0950				20. Address Where Recovered/Towed 5401 COLISEUM WY				21. Date/Time Recovered/Towed 11 MAY 06 / 0950					
22. Reporting Party - Name F. MENDOZA				Sex Race Age 8178P		Home Address O.P.D		City/Zip		Home Ph ()		Bus. Ph ()	
23. Witness - Name				Sex Race Age		Home Address		City/Zip		Home Ph ()		Bus. Ph ()	
STOLEN OR LOST VEHICLE		24. Original Plates on Vehicle <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Both <input type="checkbox"/> None				25. Plates Other Than Original on Vehicle				26. Owner Applied No.			
27. Legal Owner				28. Insurance Company				29. Policy No.					
30. Keys in Ignition <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		31. All Keys Accounted For <input type="checkbox"/> Yes <input type="checkbox"/> No		32. Engine No.		33. <input type="checkbox"/> Theft Phoned in Date/Time <input type="checkbox"/> Clear Tow/Repo. Serial No.							
34. Last Person Driving Vehicle - Name				Sex Race Age		Home Address		City/Zip		Home Ph ()		Bus. Ph ()	
35. Detailed Description of Custom Accessories, Markings or Cargo						36. Damage to Vehicle at Time of Incident							
37. Describe Location of Theft				38. Area Searched By		Serial No.		39. How Long Owned Yr(s) Mo(s)		40. Value of Vehicle/Cargo			
41. SUSPECT In Custody <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Name WASH		Sex Race Age (DOB)		Height Weight Build Hair Eyes		Clothing					
42. Suspect's Home Address				City/Zip		Home Phone ()		Bus. Phone ()					
RECOVERED OR TOWED VEHICLE		43. Original Plates on Vehicle <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> Both <input type="checkbox"/> None				44. Plates Other Than Original on Vehicle N/A				45. Owner Applied No. N/A			
46. Keys in Ignition <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. Condition of Ignition (Check One or More) <input type="checkbox"/> Engine Hot-Wired <input type="checkbox"/> Master/Jingle Keys <input type="checkbox"/> No Apparent Tampering <input type="checkbox"/> Punched/Removed <input type="checkbox"/> Forced <input type="checkbox"/> Ignition Hot-Wired <input type="checkbox"/> Secondary Ignition											
48. VIN Physically Verified <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		49. Outside Agency				50. Outside Agency Report No.							
51. Detailed Description of Damage/Missing Parts NO TIRES OR PEMS, RIGHT SIGNAL LIGHT GONE, NO STEERING, NO ANTENNA, DRIVER SIDE WINDOW OFF TRACK.						52. Record Cleared <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No RTO <input checked="" type="checkbox"/> Towed/No.							
53. Describe Location of Recovery PARKING LOT				54. Tech at Scene <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		55. Prints Obtained <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		56. Tech Tag Left <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		57. Value of Recovered Vehicle UNK			
58. If a criminal complaint is issued as a result of this police report, I hereby agree to sign said complaint and to cooperate fully in the prosecution of the case. I further agree that neither restitution nor an offer of restitution shall release me from this agreement. I hereby affirm to the best of my knowledge that the information on this form is true and accurate. I understand that when my vehicle is recovered, I am responsible for all tow and storage charges.													
Signature						Date							
59. Reporting Officer/Clerk F. MENDOZA		Serial No. 8178P		60. Second Officer		Serial No.		61. Approving Supervisor Sgt. [Signature]		62. Area 7313		63. Watch 2	64. Page 1 of 2

VEHICLE REPORT 536-254 (4/04)
OAKLAND POLICE DEPARTMENT

DO NOT SEPARATE PAGES

RD NO.

01610371877

1. CP Beat 26K	2. Incident No. 3415	3. Current Owner HERDON TRIXTY	4. License No. ARS 7019	State GA
5. Current Owner's Sex Race DOB		6. Current Owner's Home Address 1116 ROWELL ST COLUMBUS, GA 31907	City/Zip GA 31907	
7. # of Persons in Custody 0	8. Cont. of Offense Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9. Current Owner's Business Address ADAM ROBERT SAM SEVEN ZERO ONE NINE	City/Zip GA 31907	
10. If Yes, Crime or Charge(s)		11. Phonetically Spell All Letters and Numbers of License OR V.I.N. if No Plates ADAM ROBERT SAM SEVEN ZERO ONE NINE		
12. Complainant CURRENT OWNER		13. V.I.N. J H 4 C C 2 S 5 9 N C O 1 9 3 5 0		
14. Vehicle Involved in Another Reported Crime <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk		15. Year 92	Make ACUR	Model VIG
		Body Type 4D	Color(s) WHI	Vehicle Type <input checked="" type="checkbox"/> Auto <input type="checkbox"/> Truck <input type="checkbox"/> Other

NARRATIVE INSTRUCTIONS

- Identify additional suspects/witnesses as outlined above.
- List statements taken, and by whom they were taken.
- Itemize additional loss and all property/evidence confiscated.
- Summarize the circumstances of the incident.
- Lost/Stolen/Embezzled Vehicles:** Describe any property in the vehicle at the time of the incident which might be pawned/sold. Have complainant sign agreement on page 1.
- Recovered Vehicles:** Indicate how and where vehicle was entered and list disposition of any physical evidence.
- Impounded Vehicles:** Describe any physical evidence which might connect the vehicle with a crime.

SUMMARY: ON 11 MAY 06, AT ABOUT 0942 HRS, I WAS WORKING PATROL AS O.P.O. UNIT 2 L26. I WAS JUST CLEARING A DISPATCH CALL AT 5401 COLISEUM WY WHEN I WAS ADVISED BY HOUSE MANAGER WILSON, LEROY OF A POSSIBLE STOLEN VEH LEFT IN COLISEUM SWAMPMEET PARKING LOT. I NOTICED VEH LIC PLT ARS 7019 (GA) 92 ACUR VIG 4D WHI WAS PARKED UNOCCUPIED WITH NO WHEELS. I CHECKED STOLEN VEH LIST "HOT SHEET" AND NOTICED VIC VEH LISTED AS REPORTED STOLEN VEH. I CONFIRMED VEH VIN# ON PATROL VEH 1426 COMPUTER TO BE REPORTED STOLEN ON 06 MAY 06. I NOTICED IGNITION SWITCH WAS PARED AND A PIECE OF METAL (BROKEN OFF) INSIDE VEH VEH STEREO WAS GONE. THE BATTERY AND RADIO ANTENNA WAS MISSING. THE DRIVER SIDE WINDOW WAS OFF TRACK AND SLIGHTLY OPEN AND DOORS ON LEFT SIDE WERE UNLOCKED. UNK SUSP(S) USED UNK MEANS TO TAKE VIC VEH. UNK SUSP(S) STOPPED VIC VEH AND LEFT IT AT COLISEUM SWAMPMEET PARKING LOT. I DID A CANVASS OF THE AREA W/ NEG RESULTS. NO WIT'S LOCATED OR CONTACTED. I NOTIFIED O.P.O. COMM DIV. AND HAD VIC VEH TOWED (A-19) AS RECOVERED/STOLEN STOLEN VEH. VIC VEH WAS LEFT AT FRONT ENTRANCE OF COLISEUM SWAMPMEET NORTH WEST CORNER FACING WEST.

STORED/TOWED VEHICLE REPORT
Oakland Police Department 536-928 (7-04)

ROUTING <input type="checkbox"/> AUC/CD <input type="checkbox"/> YSD <input type="checkbox"/> VICE <input type="checkbox"/> TRAFFIC <input type="checkbox"/> D/A VIC/WIT <input type="checkbox"/> TOW UNIT <input type="checkbox"/>		10. Incident No. 345 CP Beat 26X		1. License No. ARS 7019 GA State GA Mo./Yr. Exp. 01/07		2. RD No. 06-037877	
		11. Reporting Person F. MENDOZA 8178P		3. Registered Owner - Print LAST Name, First, MI (Include Jr. or Sr., if applicable) HERDON, TRIXTY			
		12. Address O.P.D.		4. Registered Owner's Residence Address City <input type="checkbox"/> Oakland State/Zip 1116 ROWELL ST COLUMBUS, GA 31907			
		13. City <input type="checkbox"/> Oakland State/Zip		5. Year 92 Make ACUR Model VIG Body Type 40 Color(s) WHITE		6. Vehicle Identification No. JH4CC2559NC0119350 Physically Checked? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
14. Res. Ph () 15. Bus. Ph ()		16. Time Tow Ordered 0950		17. Arrival Time 1008		18. LATE TOW <input type="checkbox"/> (Over 20 Minutes)	
19. Tow Company AAB		20. Tow No. A-19		21. Storage Location AAB 8717 ST		7. Location From Where Towed 5401 COLISEUM WY	
22. IGNITION TAMPERING <input type="checkbox"/> No Apparent Tampering <input type="checkbox"/> Hot-wired <input type="checkbox"/> Punched/Removed <input checked="" type="checkbox"/> Forced		23. Odometer Reading 147816		24. Doors Locked <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		25. Windows Closed <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
26. Trunk Locked <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		27. REPRINT THE LICENSE NUMBER PHONETICALLY FOR ALL TOWS LICENSE NO. (Print) ADAM ROBERT SAM SEVEN ZERO ONE NINE		28. COMPLETE FOR VEHICLES ILLEGALLY PARKED ON THE STREET <input type="checkbox"/> 22523 (a) VC Citation issued for vehicle parked more than 72 hours on the street.		29. COMPLETE FOR VEHICLES ILLEGALLY PARKED ON PRIVATE PROPERTY - Towing Authority 22658(a) VC Signature	
ORIGINAL PLATES ON VEHICLE <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> Both <input type="checkbox"/> None		CITATION NO.		CITATION ISSUED FOR VIOLATION OF		30. LIST ALL VIOLATIONS IN CONNECTION WITH THIS INCIDENT <input type="checkbox"/> Construction Zone 22651L VC <input type="checkbox"/> Hold for Records Section <input type="checkbox"/> Date No Parking Sign Posted <input type="checkbox"/> 30 Day Hold	
31. Explanation of Tow (If more space needed, attach Additional Information Report)		32. VEHICLE DRIVER (If Different From Registered Owner) Address City <input type="checkbox"/> Oakland State/Zip		Driver's License State		33. VEHICLE INVENTORY Overall Condition: <input type="checkbox"/> Minor Dents/Scratches <input checked="" type="checkbox"/> Moderate Damage <input type="checkbox"/> Major Damage	
34. Additional Vehicle Damage (Describe) RIGHT SIDE LIGHT GONE, NO ANTENNA, DRIVER SIDE WINDOW OFF TRACK		35. Evidence Hold for Unit/Section		Investigator		36. Supervisor Approving Evidence Hold	
37. Reporting Officer/Employee F. MENDOZA Serial No. 8178		38. Supervisor Sgt. B. GARBUTT Serial No.		Watch 2 Area 3		39. Page 1 of 1	

11	TROY ST	MODEL	ATLANTA	COLOR	CA	30311	142131	5 SPEED	BUSINESS PHONE
12	ACURA	VIGOR	WHITE	JHACC2559NG019350	PROG. DATE	9/11	2.5	ARS7019	CELL PHONE
HAT NUMBER		EMAIL ADDRESS		2/16/2006		678-663-5860			

INTERNATIONAL
STOMPER SERVICE
e Presidential Blvd.
Cynwyd, PA 19024
11-free: (800) 623-0401



13015
Enterprises, Inc
806 N. ... side Dr.
Atlanta, GA 30318
404-873-1111

An Independently owned and operated AAMCO Center

SERVICE DESCRIPTION	PRICE
AAMCO EXTERNAL DIAGNOSTIC SERVICE	49.00
<p>SERVICE RECOMMENDATION</p> <p>AAMCO MAY OPERATE THIS VEHICLE FOR THE PURPOSE OF TESTING AND DELIVERY AT MY OWN RISK. I UNDERSTAND THAT THE EXAMINATION CHARGES BELOW ARE FOR REMOVAL, EXAMINATION, REASSEMBLY AND INSTALLATION ONLY. THE CHARGES DO NOT INCLUDE THE PARTS NEEDED TO REPAIR ANY OF THESE COMPONENTS. THE COST OF THE PARTS AND ANY ADDITIONAL LABOR NECESSARY TO COMPLETE THE REPAIR OF THESE COMPONENTS WILL BE ADDED TO THIS CHARGE. I HAVE THE RIGHT TO AUTHORIZE THE ADDITIONAL COST OR TO REQUEST REASSEMBLY AND INSTALLATION OF THE UNSERVICED COMPONENTS AT A TOTAL EXAMINATION CHARGE OF \$</p> <p>AUTHORIZATION FROM: PHONE: DATE: TIME: BY: MTP VERIFICATION:</p> <p>RECONDITIONED SERVICE \$0 HARD PARTS AND OTHER COMPONENTS ADDITIONAL COST (AS NEEDED)</p> <p>TORQUE CONVERTOR (ADDITIONAL COST, IF REQUIRED \$</p> <p>TRANSMISSION SERVICE</p> <p>AAMCO CLUTCH SERVICE WITH A 12 MONTH/12,000 MILE WARRANTY ON PARTS AND</p> <p>1 - N - CLUTCH SET 595.00</p> <p>LABOR TO INSTALL</p> <p>1 - N - LABOR TO INSTALL 560.00</p> <p>CREDIT - EXTERNAL DIAGNOSTIC SERVICE 49.00</p>	
<p>TOTALS</p> <p>TRANSMISSION 595.00</p> <p>LABOR: 560.00 SUBTOTAL: 1,155.00</p> <p>SERVICE PLUS PARTS: 0.00 LABOR: 0.00 SUBTOTAL: 0.00</p> <p>TOTAL LABOR 560.00</p> <p>TOTAL PARTS 595.00</p> <p>SERVICE AGREEMENT 1,155.00</p> <p>SUBTOTAL 1,155.00</p> <p>TAX 47.60</p> <p>TOTAL 1,202.60</p>	
<p>CERTIFICATION</p> <p>I certify that the automotive components described above have been properly repaired and returned to sound working condition.</p> <p>COMPLETION CERTIFICATE</p> <p>I acknowledge receipt of the vehicle and a copy of this Repair Order.</p>	

Exhibit-D
Parts 1, 2, 3, 4, 5, 6, 7, 8

Exhibit - D

NOTTE & KREYLING, P.C.
ATTORNEYS AT LAW
11770 HAYNES BRIDGE ROAD 205 - 104
ALPHARETTA, GEORGIA 30004

July 10, 2007

OF

JIMMIE STRINGER
P O BOX 1421
OAKLAND, CA 94604-

Re: Georgia Power Company ("Georgia Power") Account No.: 4130745045
Amount Due: \$ 260.08

Dear JIMMIE STRINGER,

Your account with Georgia Power is seriously past due and has been referred to my firm. It is imperative that you take prompt action to clear this balance. I strongly urge you to contact Georgia Power and make arrangements to voluntarily pay your past due debt.

Unless you notify Georgia Power that you dispute the validity of the debt or any portion of it, within thirty (30) days after receiving this notice, Georgia Power will assume this debt is valid and shall continue its pursuit of this debt even during the thirty (30) day period. If you notify Georgia Power in writing within thirty (30) days of receiving this notice, Georgia Power will provide you with verification of the debt, if it has not already been done. There has been no judgment to date and none is currently being sought.

Please be advised that Georgia Power, the original and current creditor on this debt, is attempting to collect this debt and will use any information acquired for that purpose. Finally, if payment arrangements are not made with Georgia Power within thirty (30) days, additional steps may be taken by Georgia Power to collect this debt. If the debt remains unpaid, then litigation on the claim may be undertaken by Georgia Power. Should such court action prevail, you may be subject to court costs and, in some cases, attorney's fees.

Georgia 30348, Phone 1-800-494-0385. ~~GEORGIA POWER COMPANY, P.O. Box 105537, Atlanta,~~

Any checks or payments must go directly to GEORGIA POWER COMPANY, 96 Annex, Atlanta, Georgia 30396-0001

THIS COMMUNICATION IS FROM A DEBT COLLECTOR. THIS IS AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

Very truly yours,

Gregg Nette

GN/kk

PO BOX 15630
DEPT 12
WILMINGTON DE 19850-5630



Calls to or from this company may be monitored
or recorded for quality assurance.

507 Prudential Road
Horsham, PA 19044

1-866-849-2443

OFFICE HOURS:

8AM-9PM MON THRU THURSDAY

8AM-6PM FRIDAY

8AM-1PM SATURDAY

May 17, 2007

UXG000

508-12217

JIMMIE STRINGER

PO BOX 1421

OAKLAND CA 94604-1421



FORMER CREDITOR: THE MEDICAL CENTER, INC.

ACCOUNT #: 70453693 74751236

REGARDING: STRINGER JIMMIE TIN

BALANCE: \$ 322.05

*** SETTLEMENT OFFER ***

THE MEDICAL CENTER, INC. sold certain accounts owed to it, including the above account to MEDCLK, INC. NCO Financial Systems, Inc. is the servicer of this account.

You can settle this account for a lump sum payment of 241.54. This offer may expire without notice. Before making payment, please confirm with one of our representatives that this offer has not expired.

You may also make payment by visiting us online at www.ncofinancial.com. Your unique registration code is CUXG0001-2KQDWC.

If you have any further questions or need assistance, please contact us at 1-866-849-2443.

Paula Beal
510 395-5723

This is an attempt to collect a debt. Any information obtained will be used for that purpose. This is a communication from a debt collector.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT (MAKE SURE ADDRESS SHOWS THROUGH WINDOW)

As required by the California Consumer Credit Reporting Agencies Act, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

PLEASE SEE IMPORTANT INFORMATION
ON REVERSE SIDE

Check here if your address or phone number has
changed and provide the new information below.

Account #	Total Balance
UXG000	\$ 322.05

JIMMIE STRINGER

Payment Amount



\$

.

Make Payment To:



NCO FINANCIAL SYSTEMS

PO BOX 17095

WILMINGTON, DE 19850-7095

NCO E2
12217

011200UXG00050000000900000000000322055

Law Offices of Mitchell N. Kay, P.C.

N.Y. Office

7 Penn Plaza - 18th Floor

New York, NY 10001

Admitted in New York & Washington D.C.

Call Toll Free:
(800) 275-4860

Office Hours:

Mon.-Thurs. 8:00 am to 9:00 pm EST

Friday 8:00 am to 6:00 pm EST

Saturday 8:00 am to 12:00 Noon EST

November 6, 2007

Reference Number ► 63860766-11

Account Number ► 211010137775064	RE ► JIMMIE STRINGER
Balance ► \$722.47	
Creditor ► WACHOVIA BANK	

Please be advised that your account, as referenced above, is being handled by this office.

We have been authorized to offer you the opportunity to settle this account with a lump sum payment, equal to 45% of the balance due – which is \$325.11!

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid.

If you notify this office in writing within 30 days from receiving this notice, this office will: Obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification.

If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

You are invited to visit our website **resolve.mitchellnkaylaw.com** to make a settlement offer and payment online. You will need your Invitation Code, which is **MNK99MS163860766**

PLEASE ADDRESS ALL PAYMENTS TO:

Law Offices of Mitchell N. Kay, P.C.

7 Penn Plaza, New York, NY 10001-3995

Notice: Please see reverse side for important information.

74CSMNKP02MS1

Please Detach Lower Portion and Return with Payment

WACHOVIA BANK



Law Offices of Mitchell N. Kay, P.C.

PO Box 9006

Smithtown, NY 11787-9006

RETURN SERVICE REQUESTED

63860766M21106070.000000FUTMS1

Reference #: 63860766-11

Balance: \$722.47

Amount Enclosed: \$ _____



Check here if new address information listed on back

November 6, 2007

6386076611-MS1 0234679 0029271



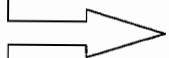
PERSONAL AND CONFIDENTIAL

JIMMIE T STRINGER

PO Box 1421

Oakland CA 94604-1421

SEE REVERSE
 SIDE FOR
 REMITTANCE ADDRESS



063860766113110607100000000000325119000722472MS1



P.O. Box Service Fee Notice

**CIVIC CENTER OAKLAND
201 13TH ST OFC
OAKLAND, CA 94612
(510) 251-3010**

BAT710B1

PAYMENT NOTICE

**JIMMIE STRINGER
PO BOX 1421
OAKLAND, CA 94604**

Date of Notice: 2/11/2008

Box Number: # 1421

6 Months: \$35.00

12 Months: \$70.00

Due Date: 2/29/2008

Dear JIMMIE STRINGER:

This is to remind you that your post office box service or caller service fee is due. Payments can be accepted for one year or six months service and can be made by cash, check, money order, or credit/debit card to a Retail Associate at the window. Alternatively, payment can be mailed to the attention of the Postmaster at the address indicated above. If paying by check or money order, please indicate your P.O. Box number and the station's ZIP Code. Also, please include this notice with your remittance. Make your check or money order payable to: US Postal Service

When payment is made you will receive a receipt to confirm the transaction. If paying at the window, you will receive a receipt after the transaction is complete and if paying through the mail, a receipt will be left in your P.O. Box.

If payment is not received by the due date, your access to the P.O. Box will be blocked. If payment is not received by the 10th day after the due date, your service will be terminated, the lock will be changed, and incoming mail will be returned to sender. To avoid this inconvenience, we encourage you to submit your payment by the due date.

If your address or other pertinent information has changed, you are required to update the application form you submitted to us. If information has changed, please request and resubmit an:

APPLICATION FOR POST OFFICE BOX OR CALLER SERVICE (PS FORM 1093).

You are a valued customer and we appreciate your business.

Thank You,

WEBBATS

POSTMASTER, OAKLAND

Address Service Requested

#BWNGTXF 0
#57817272#
30/8468 *****SINGLE-PIECE
JIMMIE STRINGER
1612 187TH ST
PO BOX 1421
OAKLAND CA 94604



Date: September 20, 2007
Client: **SMART AND FINAL**
Reference Number: 5781727
Check Amount: \$24.13
Service Charge(s): \$25.00
Payments Applied: \$0.00
Pay this Amount: **\$49.13**

Dear: JIMMIE STRINGER

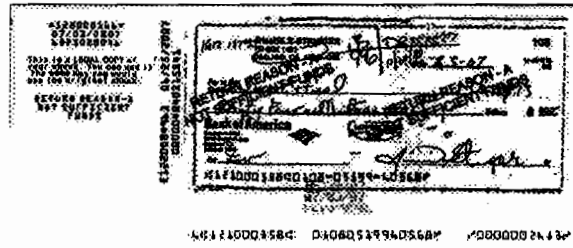
This letter is written to inform you that your bank has returned the above referenced check marked unpaid. An image of the check is presented below.

The merchant's attempt to collect this debt has failed and your account has been assigned to ClearCheck Payment Solutions, LLC for collection. This debt has been entered in a national database. Until this is resolved, you may not be able to write checks or open a checking account.

Our client insists on being paid for goods and services. Please remit full payment for \$49.13 by Money Order, Cashier's Check or Visa/MasterCard in the courtesy envelope provided. We do not accept personal checks.

Please Note: You may pay online at www.clearcheck.com/paynow or by using QuickCollect, Money Gram, or Phone Pay. There is an additional charge for these services. For details regarding these services, please visit our website at www.clearcheck.com/paynow

This is an attempt to collect a debt. Any information obtained will be used for that purpose. This is a communication from a debt collector.



ClearCheck Payment Solutions
135 Interstate Blvd.
Greenville, SC 29615
Tel: 800-859-3170 Opt. 3

IF PAYING BY CREDIT CARD, PLEASE FILL OUT AND RETURN IN ENVELOPE PROVIDED

Date: September 20, 2007
Client: **SMART AND FINAL**
Reference Number: 5781727
Check Amount: \$24.13
Service Charge(s): \$25.00
Payments Applied: \$0.00
Pay this Amount: **\$49.13**



METHOD OF PAYMENT		Payment Amount
VISA <input type="checkbox"/>	MasterCard <input type="checkbox"/>	\$ _____
Card Holder Name: _____		
Card Number: _____		Exp. Date _____
Signature: _____		
Phone Number: _____		

ClearCheck Payment Solutions, LLC
P.O. BOX 27087
Greenville, SC, 29616-2087



PO, Box 18072
Hawthorne, NY 11788-8872

26 59 6619



474906

786723

RETURN SERVICE REQUESTED

Personal & Confidential

Dollar Financial Group, Inc.
doing business through its wholly owned subsid.
Loan Mart®, Money Mart®, Mo.
Corner® and Money Mart Express

August 15, 2007

Re: Loan# 255276925

Date of Loan# June 27, 2007

Amount Due# \$235.29

JIMMIE STRINGER
644 14TH ST
OAKLAND CA 94612-1253



Dear JIMMIE STRINGER,

Dollar Financial Group, Inc. through its wholly owned subsidiaries (doing business as LOAN MART®, MONEY MART®, MONEY CORNER® and MONEY MART EXPRESS®), has serviced your loan from Dollar Financial Group, Inc. since your loan's inception.

Your account remains delinquent. We have previously notified you of this situation, with no positive results. Please contact us immediately to make payment arrangements.

Surely your continued good credit standing with Dollar Financial Group, Inc. is important to you. Prompt payment of your account will enable you once again to take advantage of the Cash 'Til Payday® loan program.

In order to avoid further collection efforts on behalf of Dollar Financial Group, Inc., it is essential that you contact us immediately to make payment arrangements.

Thank you for your prompt attention to this matter.

Sincerely,

1-866-683-4255
Dollar Financial Group, Inc.
Collections Department

This is an attempt to collect a debt, and any information obtained will be used for that purpose. If you have already remitted payment in full on this loan, please disregard this letter.

For notice of bankruptcy filing, use this address: 1355 S. 4700 W., Ste#200, Salt Lake City, UT 84104-4434.

Amount Due#	\$235.29
Loan Number#	255276925
Date of Loan#	June 27, 2007

JIMMIE STRINGER
644 14TH ST
OAKLAND, CA 94612-1253

IF PAYING BY VISA, MASTERCARD OR DISCOVER, FILL OUT BELOW	
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD
<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER	AMOUNT
PHONE	EXP. DATE
SIGNATURE	3 DIGIT SECURITY CODE FROM BACK OF CARD

1-866-683-4255

Monday – Friday 6:00 a.m. – 8:00 p.m.
MST, Saturday 6:00 a.m. – 2:30 p.m. MST

G-8744149-G1-0104-046074940
P.O. Box 6030
Hauppauge, NY 11788-0154



ER Solutions, Inc. 800 SW 39th St.
PO Box 9004 - Renton, WA 98057
Mon-Fri 7am-7pm PST

G-8744149-G1
Jimmie Stringer
PO Box 1421
Oakland, CA 94604-1421

Date: 01/05/08
Creditor: BANK OF AMERICA-RMS
Client Account #: 0539940568
ERS Account #: G-8744149
Total Balance: \$1,151.38

Principal: \$1,151.38

Dear Jimmie Stringer,

This notice is being sent to you by a collection agency. The records of BANK OF AMERICA-RMS show that your balance of \$1,151.38 is due in full. Please contact this office so we can help you resolve your account.

If you fail to resolve this collection account, we may report your delinquent account to Equifax, Trans Union and Experian. This may affect your universal credit score.

If you have any questions about this account please contact Joseph Lewellen toll free at 800-320-9347 EXT 2768.

Sincerely,

Joseph Lewellen, 800-320-9347 EXT 2768
Debt Collector

NOTICE: PLEASE SEE REVERSE SIDE FOR IMPORTANT CONSUMER INFORMATION

Please detach the bottom portion of this letter and return it with your payment. An envelope has been enclosed for your convenience.

01/05/08

Creditor: BANK OF AMERICA-RMS
Client Account #: 0539940568
ERS Acct #: G-8744149

Total Balance: \$1,151.38

Amt Enclosed: US \$ _____

New Address:
Address _____

City _____ ST _____ Zip _____

Daytime Phone (_____) _____

Evening Phone (_____) _____

Email our office or

You may pay your bill online with a Credit Card
Or Checking Account at www.erspay.com. Your
Temporary identification number is 1.8744149.468

G-8744149-G1
E R SOLUTIONS, INC.
PO BOX 9004
RENTON WA 98057-9004



CCS Inc.

P.O.BOX 17800 ~ LAS VEGAS, NV 89114-7800

1-800-731-0121

August 9, 2007

JIMMY STRINGER
PO BOX 1421
OAKLAND, CA 94604-1421

RE: Member #2369094
Acct #7300-0300-0184-0697

Dear JIMMY STRINGER:

This letter is in response to your conversation with our Customer Service Department on 8/9/07. Our records indicate that your account is currently closed and that you have an outstanding balance due of \$846.95 for the following:

5/13/06	Membership Fee	\$199.99
5/25/06	Checking Auto Debit-MSF	-\$199.99
7/27/06	Purchase Security Guard	\$99.99
7/27/06	Credit Protection Shield	\$99.99
7/27/06	Annual Fee	\$99.00
7/27/06	Rush Processing	\$29.99
8/4/06	Checking Auto Debit-PSG	-\$99.99
8/4/06	Checking Auto Debit-CPS	-\$99.99
8/4/06	Checking Auto Debit-A/F	-\$99.00
8/17/06	Payment Reversal-A/F	+\$99.00
8/17/06	Payment Reversal-PSG	+\$99.00
8/18/06	Payment Reversal-CPS	+\$99.99
8/24/06	2 nd 1/2 Annual Fee	\$99.00
9/27/06	Late Charge	\$15.00
10/27/06	Late Charge	\$15.00
1/29/07	Late Charge	\$15.00
2/26/07	Late Charge	\$15.00
3/28/07	Late Charge	\$15.00
4/26/07	Late Charge	\$15.00
5/29/07	Late Charge	\$15.00
5/29/07	Purchase Security Guard	\$99.99
5/29/07	Credit Protection Shield	\$99.99

CCS Inc.

P.O.BOX 17800 ~ LAS VEGAS, NV 89114-7800

1-800-731-0121

5/29/07	Annual Fee	\$99.00
6/27/07	Late Charge	\$15.00

If you have any questions or concerns, please don't hesitate to call our Customer Service department toll free at 1-800-731-0121.

Sincerely,

CCS, Inc.
Customer Service Department

WELLS FARGO BANK, N.A. 191
644 14TH ST APT 311
OAKLAND, CA 94612-1256
11-4288/1210 4054
3418708859

Pay to the Order of Advance America \$ 176.25
One Hundred Seventy Six and 25/100 Dollars
Date 1.3.08

WELLS FARGO
California
wellsfargo.com

For cash John D. Lopez MP

⑆121042882⑆ 3418708859⑆ 00191

1111012822
01/07/2008
000008530412849

This is a LEGAL COPY of your
check. You can use it the same
way you would use the original
check

RETURN REASON-A
NOT SUFFICIENT
FUNDS

190000001
1202
4
00326

8002/10/10 1220221221

125246489000000

Timmie Stinger
644 14th St 3A
Oakland, CA 94612

098

11-12-07

12-11-07

REASON-A
NOT SUFFICIENT
FUNDS

NOT SUFFICIENT FUNDS

NSF

107

121012822: 3418708859

121012822

121012822

#311

RECEIPT

DATE _____		No. 151506	
RECEIVED FROM <u>Thammy Stringer</u>		\$272	
POSTED 644-14th Street Assoc. C.L. Dellums Apts. Date: <u>#311</u>		DOLLARS	
<input checked="" type="radio"/> RENT <input type="radio"/> FOR _____			
ACCOUNT	<u>272.00</u>	<input type="radio"/> CASH	FROM <u>8-1-07</u> TO <u>8-31-07</u>
PAYMENT		<input type="radio"/> CHECK	
BAL. DUE	<u>272.00</u>	<input checked="" type="radio"/> MONEY ORDER	BY <u>Michelle Carver</u>